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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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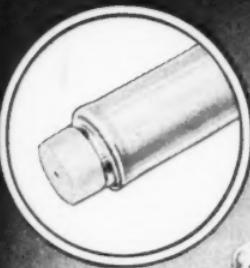
SPRAINS and STRAINS

and in all those cases where the application of prolonged moist heat is beneficial. • It is also a bacteriostatic, repair-stimulating surgical dressing, for direct application to open wounds and raw surfaces, and is especially appreciated by children, because it does not smart or pain.

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★ SPEAKING FRANKLY ★

RECIPROCITY

TO THE EDITORS: A Colorado colleague recommends, in March MEDICAL ECONOMICS, that physicians trade only with patients or potential patients. I once had the same impression. In fact, I tried this plan for a considerable time.

What was my conclusion?

Never try to win—or even keep—patients through your patronage!

If you want to lose their respect, be overcharged, receive inferior merchandise and service, and finally lose them because they saw you dealing with a competitor or wearing something not purchased in their stores, then by all means patronize your patients. I assure you, from personal experience, that you won't be disappointed.

The less patients know about our personal affairs, the better off we are. The merchant who enjoys your trade will inevitably learn many things about you and your family; he will be supplied with plenty of material for gossip. What is more inimical to a doctor's reputation?

If you want the confidence of your clientele, never give them the impression that you are over-anxious for them to employ your services. And what is more important to a successful practice than confidence? Every M.D. has experienced the difficulty of attempting to diagnose and prescribe for those without faith in his abilities.

Merchant-patients, like relatives and friends, generally expect reduced fees. They will not hesitate to demand this

privilege; they will tell you about special prices they have given you previously. On investigation, these usually turn out to have been considerably higher than the prices of competitors who are not your patients.

Should you complain about price, quality, or services, you not only lose your merchant-patient; you create a source of unfavorable publicity. If you bear your losses in silence, he brands you a dumb-bell; he may even broadcast his poor opinion of your business abilities!

If you want patients who have confidence in your ability, if you want to enjoy your work each and every day, if you want to receive full value for your money and the respect that is necessary for a successful practice—

Never, never stoop to reciprocal patronage!

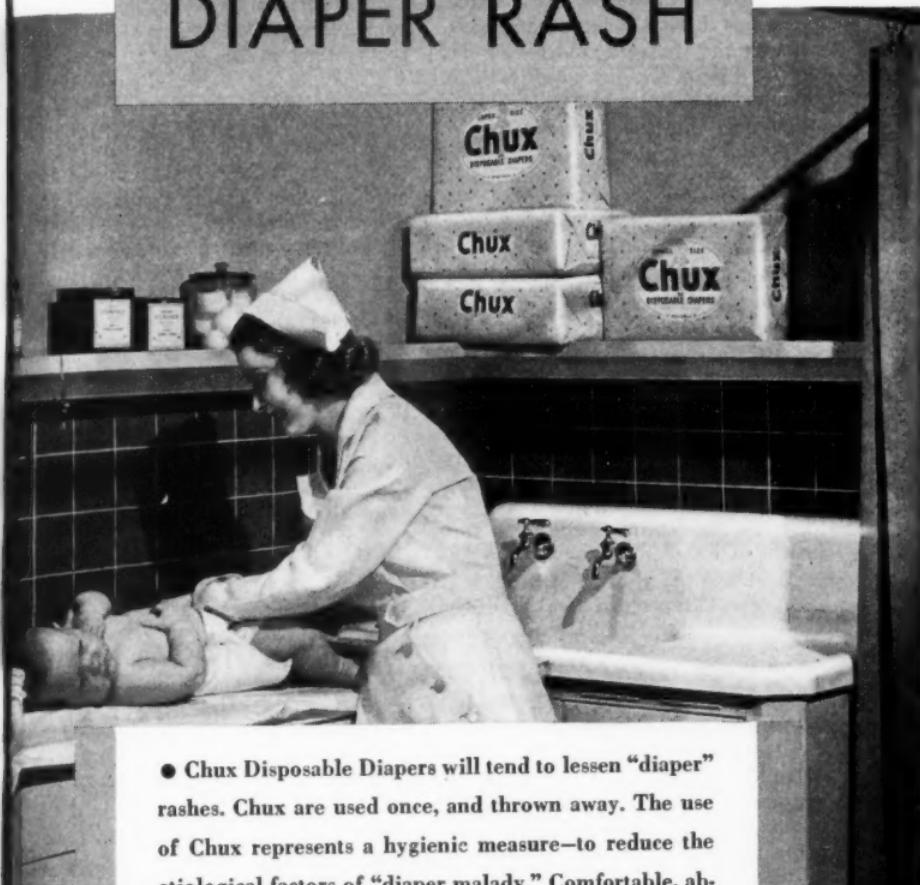
R. M. Gillman, M.D.
Chicago, Ill.

MURPHY

TO THE EDITORS: Reading your article on "Medical Patents" with much interest, I was disappointed to find no mention of what I believe was a master stroke in this field. I refer to the invention of the "Murphy Button" by Dr. J. B. Murphy.

Dr. Murphy was a great surgeon. He gave careful thought and trial to a method of uniting a severed intestine. The result was a very simple device. It needed, he concluded, no improvements. So Dr. Murphy pat-

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ented this entirely original instrument. Then, describing it to a medical society, he closed with this declaration:

"I have carefully studied this article and believe that it is in almost perfect form. I have secured a patent on it and have absolute control over its manufacture, sale, and use. But I am not asking for any royalties. I do here and now authorize manufacturers of surgical instruments and supplies to manufacture and offer this button for sale, subject only to these conditions:

"There shall be no alterations made nor so-called improvements. Every button must be an exact duplicate of this button. It must be sold under the name of the 'Murphy Button.'

"Any variation or alleged improvement, or any other name used, will be an infringement on my patent and will be prosecuted as such."

Dr. Murphy never received any royalties. But he did establish a name that will never be forgotten and he gave to the entire world the full benefit of his discovery.

A. E. Myrick, M.D.
Coroner and Health Officer
Judith Basin County, Mont.

TEMPEST

TO THE EDITORS: In your April issue, I noted a statement that "The Great Atlantic and Pacific Tea Company expects a thorough physical examination for 50c." This is a gross inaccuracy. Justice demands retraction of this statement.

From time to time, in the past ten years, I have made examinations for this company. I have been paid

adequately. The minimum charge is \$2.

Incidentally, this company has always paid more than the Pennsylvania Compensation Act specifies and over longer periods. Its care of injured employees rates with that of the best corporations in this state. . .

M.D., Pennsylvania

TO THE EDITORS: In the April issue of your magazine, you mention the cheap rate of the A & P Tea Company for examinations. Nothing could be further from the truth.

I've been a district examiner for the A & P for two years. The fee allowed is \$3. The official blank has 21 notations; not 31. . .

J. M. Ganey, M.D.
New London, Conn.

[The statement made in MEDICAL ECONOMICS was based on a letter received by a Clearfield County (Pa.) physician directly from the Altoona office of the Great Atlantic and Pacific Tea Company.—THE EDITORS]

STARVELINGS

TO THE EDITORS: So Dr. H. D. Lien, writing in your April issue, is unmoved at the plight of young doctors starving in the city! Apparently, he feels they should starve in the country.

He states that \$200 a month can be guaranteed; whereas, in a dispensing practice, this will just about meet overhead expenses. Certainly no family can be raised on what is left. Nor would a W.P.A. laborer work for this amount.

In exchange for this princely sum, the young doctor must forego the



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pleasures of intelligent discussion. He must deny himself the ability to keep abreast with medical progress. He is severely censured for his vacations because they leave the community without medical care. He has no time for himself or his family. "All the work he can do" means more than he can handle.

Dr. Lien states he can go to the city to relieve his pent-up emotions. At least, Dr. Lien agrees that he will develop pent-up emotions.

Reuben Frank, M.D.
Pemberton, N. J.

DIFFERENTIA

TO THE EDITORS: Have just read the article, "Designating Your Specialty," and must say that there is no necessity for a physician listing his specialty in a telephone book.

Anyone interested may obtain the names of qualified specialists in any field by contacting the local medical society or a recognized hospital in the community. The telephone directory should give, in addition to the doctor's name, his medical society. This should be in the classified section.

M.D., Louisiana

TO THE EDITORS: The question of designating specialties, raised in a recent article in your journal, is best left to the local medical societies. I see no need for a uniform practice. Where the local society wishes, it can limit directory listing any way it pleases.

Most people know that the bigger the sign, the worse the doctor.

John A. Beals, M.D.
Greenville, Miss.

TO THE EDITORS: The important thing about the designation of specialties is to prevent, if possible, men billing themselves as specialists when they have no real qualifications. The various boards can certify men who de-

serve it. But they cannot compel men who pretend to be specialists to become certified specialists.

Robert A. Kilduffe, M.D.
Atlantic City, N. J.

TO THE EDITORS: In a big city like New York, many people, faced with an emergency, call the telephone operator for the name of the nearest doctor. Specialists are frequently aroused in the middle of the night to answer calls outside their province. Some method of designating specialties in the telephone book would, of course, eliminate this annoyance. I see no reason why physicians who have been certified as specialists by examination might not list their field in the directories. This could be done by symbol, as in the state medical directory.

As for shingles, I am in favor of the A.M.A. issuing a standard type (just as it does car emblems). Different colored shingles could represent different specialties.

David Arbuse, M.D.
New York City

EXEMPLARY

TO THE EDITORS: It seems to me, after reading your May article, "Dentists Don't Starve," that the relief plan of the American Dental Association is excellent. Certainly it should be followed, and enlarged upon, by the medical profession.

The partial financing by the local societies particularly appeals to me. This would help rule out unworthy cases. Another sound limitation is the use of interest only. This would prevent the destruction of the principal, should control pass temporarily into dishonest hands.

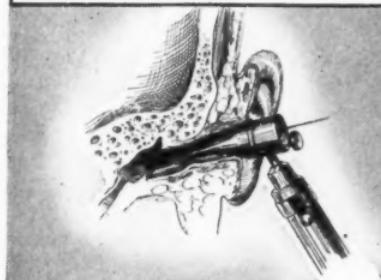
M.D., South Carolina

TO THE EDITORS: Private insurance coverage, as practiced by the American Dental Association, should be applied to all forms of medical relief; whether for the practitioner, patient,

Otitis Media

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In Otitis Media the importance of treating the naso-pharyngeal mucous membrane and of decongesting the orifice of the Eustachian tube is recognized. ARGYROL tamponade as suggested by Dowling is an effective method of ridding the nasal passageways of infection. In addition, an ARGYROL-soaked tampon may be placed directly over the Eustachian opening by passing it backward along the floor of the nose.



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or hospital bill. This would obviate the need for federal aid or supervision.

Leo J. Adelstein, M.D.
Los Angeles, Calif.

TO THE EDITORS: A relief plan similar to that of the A.D.A. should be undertaken by the A.M.A. It surely would be of great benefit to our profession.

Charles H. Ade, M.D.
Hines, Ill.

TO THE EDITORS: Isn't it about time that organized medicine followed the example of dentistry in doing something for its own?

Julius Adler, M.D.
Chicago, Ill.

TO THE EDITORS: The relief plan for doctors suggested in your May issue is a fine idea.

O. L. Ader, M.D.
Walkertown, N. C.

PECULIAR

TO THE EDITORS: Not long ago you quoted Dr. Thomas A. McGoldrick as having stated that "If state medicine should come to pass, the doctor will be placed in the peculiar position where he will pay taxes to provide medical care for his own patients."

The real peculiarity is that right now the doctor pays taxes for the privilege of treating these patients free of charge in the clinics.

Alvin D. Yasuna, M.D.
New York City

INTERNS

TO THE EDITORS: Your "Sidelights" item about Czar Ivan slitting the throats of foreign physicians reminded me of a similar situation in this country.

It is well known that the A.M.A. has asked all hospitals to give preference, in appointing interns and resi-

dents, to graduates of "Class A" American medical schools. The reason behind this is irrelevant. But let's see how it works:

The graduate of an American liberal arts college, studies medicine abroad. Perhaps he has not been accepted by an American medical school. Maybe it is cheaper; as it was until our dollar dropped to 59c. After four, five, or six years, he returns home, often with honors. He passes his state boards; is admitted to state and county medical societies; perhaps is even made a fellow of the A.M.A. He has been fully recognized by organized medicine.

Yet, should he seek an internship or residency, he is discriminated against. Why? Because he did not graduate from an American medical school.

It may or may not be well to know that the United States recognizes all medical schools of foreign countries with which it has diplomatic relations and trade agreements. In addition, these schools are regulated by their own governments. There is but one standard of teaching.

The profession agrees that an internship and a residency are excellent training. Then why not permit a native American graduate of a foreign school to obtain his hospital training on his merits? Why force him to choose an inferior institution? Or worse, deprive him of any training at all?

This does not seem logical to me. It certainly doesn't speak very highly of the intelligence of organized medicine. And, in the long run, it is the public that pays the penalty.

M.D., New York

TO THE EDITORS: I have just finished reading your interesting series, "Interns Can Take Money." The following thoughts occur to me:

Why do interns always have the worst accommodations? In this city, \$300,000 was spent on a home for

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5A Multiple dose vials of Mixed Grasses or Ragweed Combined, Vial 1, 2, 3 of 3 cc. each
formerly \$9.00 now \$6.00

5B Single multiple dose vials of Mixed Grasses or Ragweed Combined
 NO. 1 *formerly \$2.50 now \$1.00*
 NO. 2 *formerly \$3.65 now \$2.00*
 NO. 3 *formerly \$4.75 now \$3.00*

6 One package of Poisn Ivy Extract or Poison Oak Extracts in Almond Oil (2—1 cc. syringes) **\$2.50**

7 Single multiple dose vial of Ragweed Combined or Mixed Grasses (see 5A and 5B above)
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nurses. But interns in the county hospital use rooms in which I wouldn't let my dog sleep!

So far as pay is concerned, the average hospital cannot afford more than nominal salaries. But decent board, room, and laundry plus \$15 a month (which is more than interns received in my time) would pay for carfare, smokes, etc.

Interns, of course, should not lose valuable time on work that should be done by orderlies and nurses. Often, the intern is responsible for this imposition himself. As a newcomer, he hates to seem disagreeable. So he does many things that lower his standing in the eyes of the nursing staff. I wonder what your readers think of this idea: that interns be responsible only to doctors, not to nurses...

Some hospitals here advertise a \$50 O.B. charge. This permits interns to experiment on patients while the latter are deluded into believing that the medical staff will deliver them.

Not only does this practice cheat the licensed M.D. out of an O.B. fee, but it is also illegal. For the law states specifically that only persons licensed by the state can practice obstetrics. Interns are not licensed. Hence, it is wrong for the hospital to profit by assigning them this work.

Chicago interns also make calls and charge the regular fee for them. This is another policy which certainly is not fair to the licensed practitioner.

In general, I would like to see interns demand that medicine be handled by medical men and that they receive good food and clean, adequately-furnished living quarters.

E. de Tourisse Murphy, M.D.
Chicago, Ill.

TO THE EDITORS: In the midst of the raging controversy about internships, we would like you to know that there is at least one group of interns without complaints.

We have a teaching as well as a

practical internship. Our food and quarters are excellent. The work is arranged so that our health is not endangered. We get a reasonable salary. Our superintendent is an experienced, understanding, and well-trained M.D.

Here's to more internships like ours!

William C. Basom, M.D.

Vincent M. Ravel, M.D.

El Paso City County Hospital

El Paso, Texas

EVES

TO THE EDITORS: Your recent articles on physicians' wives have interested me. Mind if I make an observation on the same subject?

To newly-married physicians fresh from internship and opening their first office, I say:

Let your medical business be private from your wife.

Let her know immediately that (1) medical matters are none of her business; (2) quoting you is forbidden; (3) doctors break appointments very easily with their wives; (4) her husband is *not* the greatest doctor in the world.

M.D., New York City

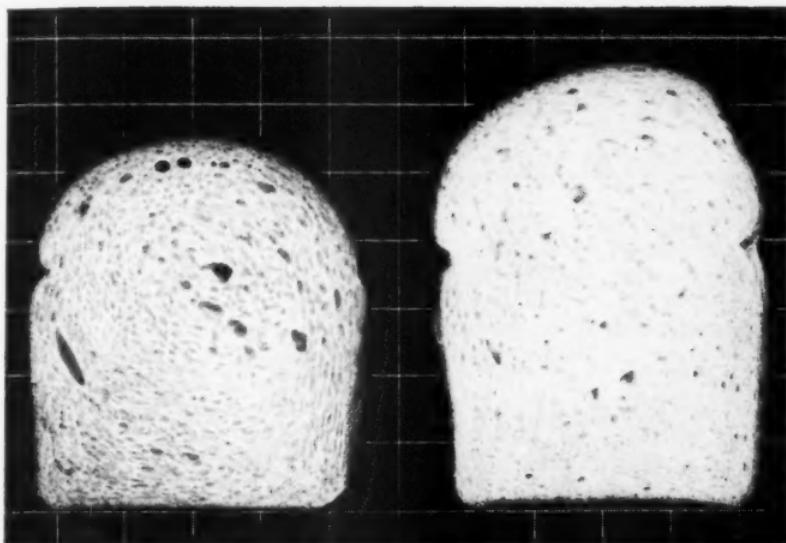
ASIDES

TO THE EDITORS: Where treatment may be needed for a period of months, patients have a tendency to go to a clinic in the hope of saving money.

Physicians will find it worthwhile, therefore, to drop tactful hints, or asides, as to how crowded the clinic was that morning, how patients had to wait from three to four hours for treatment, how little service they obtained, and how, in the long run, their expenses were not materially reduced.

Such indirect comments, made in an impersonal way, should go a long way to keep out of free clinics those who can afford private treatment.

M.D., New York



Take two slices of Bread...

THESE two slices of bread have a lot in common. The same amount of dough, the same baking brought them both into the world. But . . . the one on the right is larger, has fewer air pockets, is better tasting.

And this difference is no accident. That better slice comes from a loaf made with Borden's powdered milk. The other doesn't.

Every day, every Borden milk plant must send a sample of its output of powdered milk to the Borden laboratories. And that day's output cannot be shipped to the bakery trade until experts at the Borden research bakeries have wired their approval of the test loaves . . . approval as to volume and color—grain, texture, and aroma—and, most important of all, flavor.

And so . . . although there is no such thing as "a loaf of Borden's Bread," more than a billion loaves of bread a year are *better* loaves because of Borden's powdered milk.

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This is the fourth of a series of laboratory and clinical experiments to determine the value of Alka-Seltzer as a home remedy for certain everyday discomforts for which the services of a physician are not usually sought or required.

In previous experiments we have shown that the analgesic in Alka-Seltzer is not ordinary aspirin but an acetylsalicylate (Exp. No. 1); that Alka-Seltzer differs from ordinary aspirin in exerting a local antacid effect in the stomach (Exp. No. 2); and that Alka-Seltzer exerts a systemic alkalizing action after absorption as evidenced by the increase in CO_2 combining power of the blood (Exp. No. 3).

RESEARCH PROBLEM NO. 4

To Determine the Effect of

Alka-Seltzer on Gastric Motility

It was found that the effect of Alka-Seltzer in effervescent solution is to hasten the emptying time of the stomach.

Experimental Method

Clinical experiments were conducted on a series of normal male adults showing absence of organic or functional abnormalities of the stomach under radiographic and fluoroscopic examination.

A series of three experiments were carried out on each subject to determine the emptying time of the stomach (1) after Ryle's gruel test meal

alone, (2) after this meal supplemented with four 5-gr. aspirin tablets, and (3) after the feeding of four Alka-Seltzer tablets taken with the meal. In the interpretation of the experimental results, the findings of each subject after either aspirin or Alka-Seltzer with the meal were compared to the findings after the gruel meal alone.

Results. (A) The average gastric evacuation time after the meal and aspirin was 34% greater than the average for the meal alone and 51% greater than the meal with Alka-Seltzer. In other words, plain aspirin prolonged the emptying time of the stomach.

(B) The average gastric evacuation time after the meal with Alka-Seltzer was 12% less than the average emptying time of the stomach after the meal alone.

Alka-Seltzer offers a convenient form of administration and an unusually palatable method of securing a combined alkaline-analgesic effect for the relief of such minor symptoms as headaches, "sour stomachs" resulting from indiscretions in eating and drinking, and as a means of providing a prophylactic analgesic and alkaline effect during the early stages of a cold.

An Alka-Seltzer tablet dissolved in a glass of water produces a sparkling, effervescent solution which is palatable, quickly absorbed and rapidly effective.

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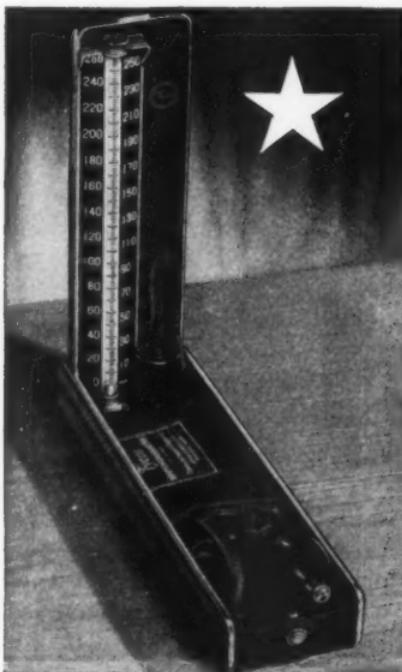
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FOUR STAR



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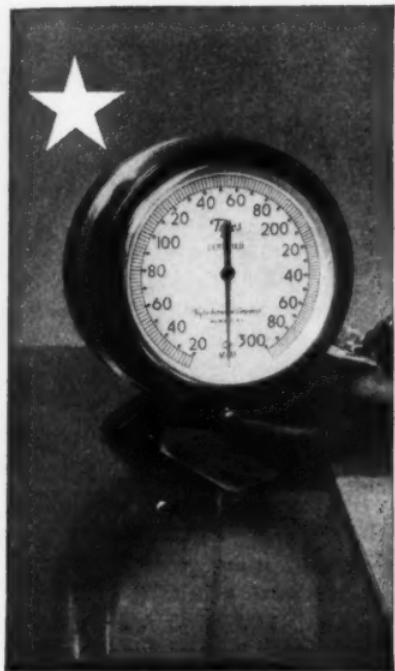
CERTIFIED TYCOS PORTABLE ANEROID

Pocket model. Never requires testing for accuracy. Accurate in any position. Black and chromium finish...non-tarnishing silvery dial...unbreakable crystal. Carries 10-Year Triple Guarantee that it will remain accurate in normal use...will tell instantly if thrown out of adjustment...and will be corrected without charge if thrown out of adjustment. \$25.00 complete.

Go to your Surgical Supply Dealer's and see these modern instruments.

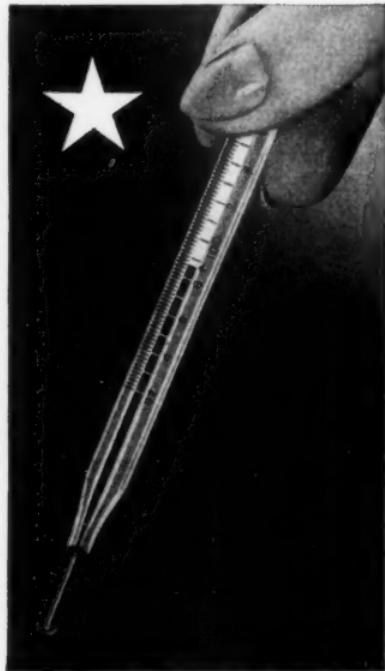
Tykos SPHYGMOMANOMETERS AND

PRODUCTION BY TAYLOR



DESK MODEL TYCOS ANEROID

A smart-looking instrument for the medical profession, with black metal case. Front ring and center band of chromium. 5-inch dial is non-tarnishing. Occupies only four inches of desk space. Easily read at distance of six feet. Carries same 10-Year Guarantee as the Portable Tykos Aneroid. Available as Wall Model by replacing desk base with wall mounting. \$27.50 complete.



NEW BINOC FEVER THERMOMETER

Triple-lens, glass tube construction concentrates more light on the mercury column, makes readings much easier. Bore reflection eliminated. Flattened glass tube is easier to hold under the tongue...more convenient to handle and shake down. Oral and rectal types. Each comes in handsome case with gold-plated band and clip. Taylor-Tykos BINOC is \$2.00; Taylor BINOC \$1.50.

Taylor Instrument Companies, Rochester, N. Y., or Toronto, Canada.

BINOC **FEVER THERMOMETERS**

BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

IV. SEALING THE TIN CONTAINER

BRIEFLY, the method of food preservation commonly known as "canning" involves subjecting food in a permanently sealed container to a heat process. The heat process destroys spoilage organisms present on the raw food material; the seal on the container prevents reinfection of the food by such organisms. It is, therefore, obvious that the sealing operation—"closing" or "double-seaming" as it is known in the industry—is one of the most important in the canning procedure.

The manufacture of tinplate and "sanitary" cans is described elsewhere (1).

The open cans are received at the cannery in paper cartons or in washed paper-lined box cars, together with the covers which are contained in fiber shipping tubes. Figure 1 shows a can and end ready for use.

In modern canning practice, the cans are first conveyed by automatic runways to can washers, and thence to the filling tables or fillers where the correct amount of properly prepared raw food is put into the cans. The covers or "ends" are placed in the automatic sealing or "closing" machine to which the open can containing the food is mechanically conveyed. In this machine the ends are "double-seamed" onto the can. This operation is portrayed by the accompanying cross-sectional pictures.

In Figure 2 is shown the relation of can to cover before the sealing operation is started; note the relative position of the "curl" on the cover and the "flange" on the can. In this curl, the can manufacturer has placed a gasket or "compound," usually containing rubber. Figure 3 is a series of photographs illustrating the sealing operation in which the curl and flange are first rolled into position and then the layers of metal flattened together to form the final "double-seam" in Figure 4. The rubber compound originally present on the cover supplies the binding material between the layers of metal necessary to insure a permanent or hermetic seal on the container. Figure 5 illustrates in cross-section a closed sanitary can as it comes to the consumer.

In the past twenty-five years great progress has been made in the development of tinplate, compounds and automatic sealing machines. Collectively, these developments enable present-day canners to impose a permanent seal on the cans containing their products more easily and rapidly than ever before in the history of canning.

(1) The Story of the Tin Can, American Can Company, New York, 1935.



AMERICAN CAN COMPANY

230 Park Avenue, N. Y.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

☆ SIDELIGHTS ☆

ORGANIZED MEDICINE'S "ten commandments" (see page 34) constitute a formidable barrier to socialized medicine. They lay the foundations of a sound system of aiding the medically indigent. They provide checks and balances to safeguard the rights of the private practitioner.

Unfortunately, they do not please everybody. There is always that small but persistent group which prefers its radicalism raw and has no patience with the American way of doing things. To this minority, the A.M.A. principles are an obstacle that must be extirpated or, at least, emasculated.

A step in the latter direction has been attempted by Dr. and Mrs. Douglass W. Orr. Touring England, this

is aptly pointed out in this issue by Dr. William J. Cowan, former British panel doctor. Also pointed out is the fact that the Orrs' traveling expenses were paid by the National Federation of Settlements, a social workers' organization which apparently would add medicine to interests that range from poetry to liquor control.

The method by which the trip was financed speaks, of course, for itself. It casts sufficient light on the sources to invalidate any opinions emanating from them.

As for serious consequences arising from such reports, we don't expect any. Rather, we are certain that the profession will deal with the health-insurance agitator just as a great leader did with the devil almost 2,000 years ago. Spurning Satan's glib offer of the world at His feet, He told him to go to hell.



couple made a wonderful discovery. Their secret, which they hastened to publish in the *Survey Graphic*, is this:

When the A.M.A. drew up its ten principles, it was unconsciously approving British health insurance!

The spuriousness of their conclusion

WHAT IS DETROIT'S SECRET? What is there about its public health system that is different?

First, there is Dr. Henry Vaughn, the health commissioner. He is different. He believes, for instance, that the best public-health agent in the world is the family doctor. His system operates in accordance with this theory.

Also refreshingly unusual are Detroit's social workers. Believe it or not, they don't attempt to persuade patients to attend public clinics; their first act is to ask the name of the family physician. If he is approved to do public health work, the case is re-

ferred to him. Otherwise, it goes—again *not* to a clinic—but to some other qualified private practitioner.

Is this system successful?

Just ask the large business concerns whose enthusiastic support is evidence of the private physician's prowess in reducing morbidity. Ask the Detroit profession.

Better, ask the patients who today are receiving better care when they are sick and who are sick less often. They'll tell you why Detroit is different.

HOW WOULD YOU like to have your pockets picked to the tune of several hundred dollars?

That's exactly what happened not



long ago to many of the doctors of Memphis, Tenn. Only the pickpockets weren't the usual lightfingered variety; they were non-paying patients. Even the most long-suffering victims whistled when they totaled the uncollectible bills returned to them by the local Physicians' Business Bureau. The collective loss was more than \$250,000!

Trying to discover why they had been mulcted, the physicians found the status of the owners to be variable. Most of them had vanished as completely as Atlantis. Some had cheerfully gone bankrupt. Others presumably had merely changed their doctor.

But there was one almost invariable factor:

In nearly every case, the bills had not been turned over to the bureau until they were several years old. If an attempt at collection had been made

within the first few months, the bureau estimated, at least \$150,000 of the \$250,000 could have been saved!

This reveals only too clearly how procrastination blights our chances of ever collecting unpaid bills. It also suggests a corollary:

In handling the delinquent, strike while the iron is hot.

WHAT is the cash value of the average physician's charity service?

Puzzled members of the Erie County (N. Y.) Medical Society recently had to admit the problem had them stumped. So they set out to measure it.

They picked fifty Buffalo doctors to serve as financial guinea pigs. Then the telephone, mail, and personal interviews were called into play. Each object of experiment found himself answering questions as to the amount of medical care he gives away each month.

At this writing, 22 doctors have replied. Their monthly donations total \$1,519.75: an average of \$69.08 each. Assuming that each of Buffalo's 1,000 practitioners is equally generous, \$69,080 in service is contributed in the city every month; or \$828,960 a year.

Remember, this is merely *voluntary* charity. There's also the *involuntary* variety, better known as unpaid bills. Although it may be unduly honoring such theft to call it charity, nevertheless, so far as the physician is concerned, that's what it is. Considered as such, it would no doubt bring the free work of the Buffalo profession to well over \$1,500,000 annually. In other words, each Buffalo doctor donates at least \$1,500 a year.

And Buffalo doctors are no exception.

PEEKING out into your reception room, you spot a patient whose name is elusive. "His face looks familiar"—

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you mumble to yourself. There your recollection ends. Another look and you decide there is something Scandinavian about him. Suddenly it comes to you.

"Of course!" you exclaim in mental triumph. "He's Mr. Olsen, the cardiac."

You greet him profusely—only to be met by a tart response. He'll have you know he was born a Murphy; and his heart, if you don't mind, is one of the soundest in the world. Sure, it's his tonsils that need looking after!

Such a slip may seem slight. Socially, it would result perhaps in only momentary embarrassment. In economic relationships, it sometimes leaves a deeper scar. Newspapers—those specialists in mass reaction—understand this. Some of them fire reporters for a single misspelling of a personal title. Politicians know it, too. Jim Farley's great advantage over rival vote-getters is his alleged ability to call 20,000 constituents by name! So, despite Shakespeare, there is more to a name than the smell of a rose.

This fact has special significance for physicians. Patients may overlook other faults. But there are few who will forgive your forgetting their names.

Can such lapses be guarded against?

They can. And the way is both simple and effective. Like Dr. Eliot's plan for self-education, it takes only a few minutes a day. But it requires that those minutes be spent studying your record cards as diligently as the late Harvard president would have you pore over literature. Merely reading the names is not enough. Make an effort to connect the patient's appearance with the words. Try to fix in your mind something he said or did at his last visit.

Mentioning this the next time the patient calls will invariably please him. He will feel your personal interest in *him*—a most important factor in the doctor-patient relationship and certainly the one most responsible for the high position the old-time family

doctor holds in the hearts of everyone today.

FIGURES don't lie! You've heard this time and again. And usually, it's true. Nevertheless, there are times when numerical statistics are as reliable a



guide to the future as astrology.

The doctor with a location problem discovers this sooner or later. Too often, it's later. He may thumb population indexes until his fingers are sore. But ah, what a feeling when his tired eye lights upon promising Petersburg. Petersburg, the statistics say, has 3,000 inhabitants and only two physicians.

In our hero's mind arise visions of several hundred patients flocking to his door. Without further ado, he takes the next train to Petersburg and leases an expensive office on Main Street. Only to find that besides the two town doctors there are also four practitioners who live outside the town limits but whose practice is among the townspeople. Competition is so keen that he hasn't a ghost of a chance.

Or it may be the other way around. A village that is fairly crying for another doctor may be lost in the mathematical shuffle. Greenville's five doctors and listed population of only 1,150 may have caused it to be passed by. Yet perhaps the surrounding countryside is so thickly settled that even the five town doctors are too few in number to minister to its needs.

In considering a location, it's well to remember that figures rarely tell the whole story. What's missing may be well worth investigating.

A NOSE FOR A NOSE

The author of the Mosaic Law overlooked this essential part of the physiognomy. But not so the alert doctor of today. For, says the writer, the growing demand of patients for the correction of nasal deformities presents a new problem to the general practitioner.

GEORGE D. WOLF, M.D.

CAN PARTS of the body, like women's hats, attract periodic interest? I think so. And I nominate the nose for the position of today's reigning favorite.

Go into the crowded anteroom of any successful private physician. There you may quite likely find some visitor whose plaint is:

"Doctor, can you do anything about my nose? There isn't anything really wrong with it—except its shape!"

A decade or two ago, that would have called for a fatherly pat on the back. Perhaps some words would have been added that would send the patient home with a restored faith in his misshapen but otherwise useful proboscis.

In those days, not so long ago either, operations for beauty were looked upon as a hobby of wealthy eccentrics. I still remember the sensation caused by the decision of a certain heavyweight boxer to have his "pug" nose made Roman. His purpose, I believe, was to win the heart of a film actress. When it turned out successfully, and the hero married the girl, the result

was hailed by the press as a "miracle."

Such "miracles" today are commonplace. And the public—not only prizefighters and screen stars, but the average man and woman as well—is demanding them. The doctor who does not meet this demand is apt to find himself deserted (by a minority, it is true, but a growing one) for some more "up-to-the-minute" practitioner.

There is certainly nothing new about plastic surgery, of course. The Hindus practiced it, and rather successfully, some 2,000 years ago. There are sound economic reasons behind its modern renaissance. Ours is a streamlined age. It is one in which the possession of what is vulgarly termed a "schnozzle" is an asset only to a professional comedian. The average individual finds a deformed nose both a psychological and a material obstacle to success. This is doubly important, to be sure, in the case of women.

Now the general practitioner may wonder: "That's all very well. It is a nice little lecture. And it's no doubt true. But what has it to do with me?"



BEFORE

AFTER

"Hump," "saddle," and laterally-deviated noses (top to bottom) often cause mental anguish and financial loss. Yet they're easily remedied.

Just this:

Nine times out of ten, when a patient craves a Barrymore profile, he does *not* go to a plastic surgeon. He probably doesn't even know one. Instead, he first visits his family doctor for some advice. What he wants is not merely to be shunted off to some specialist. The chances are, plastic surgery is, as the expression goes, Greek to him. In the back of his mind may lurk doubts, fear, or false hopes, which he expects *you* to settle for him.

Can you do it?

Whatever answers you give him, there can be no doubt of one thing. They will be taken as gospel. They will probably determine his decision for or against surgical attention. So why not make sure they are the right ones?

To do this does not require an extensive knowledge of plastic surgery. Nor does it call for an acquaintance with details of the operative procedure. But it does require a thorough grasp of a few fundamentals.

There are, for instance, a few stock questions which such patients almost invariably ask. The first is: "Are the results permanent?"

The answer, of course, is yes. Once the bones forming the roof of the nose have healed, they remain that way permanently, barring subsequent accidental trauma. Essentially, repair of the nose follows the pattern of healed fractures in other parts of the body.

Another query, especially significant to working people, is: "How long does it take to convalesce?"

With modern technique, the patient can be discharged in from seven to ten days after the operation. A third source of doubt is:

"Is there much risk involved?"

No. A patient lacking serious constitutional or local disease (such as sinusitis) has no reason to worry over the outcome. The proviso being that the surgeon is competent and the conditions strictly aseptic. Post-operative infections in these days are rare.

Besides being able to satisfy the patient's normal curiosity about what is likely to happen to him, the physician should know which noses are suitable for improvement as well as which are *not*.

Among those most frequently seeking succor are the owners of "hump" noses. The popular tendency to christen this type a "beak" sometimes convinces its possessor that it is a positive affliction. Actually, it is the easiest of all to chisel into something artistic.

Also comparatively simple to fix are the "saddle" and laterally-deviated varieties. Generally speaking, it is safe to refer these three types to a specialist for surgical treatment.

But watch out for the bulbous variety. Sadly enough, plastic surgery has not progressed to the point where the results with this type are often perfect, although some improvement is possible. A bulbous-nosed patient should be made to appreciate this fact, so that you will not later be charged with responsibility for any further steps he decided to take.

Then there are those, usually women, whose letters form the bulk of any plastic surgeon's "fan mail." Naturally plain in appearance, they wish to be carved into a resemblance of the latest movie queen. I have such a letter before me now, from a young lady in

North Dakota. It reads:

"I would like my eyes made larger, my lips fuller and cupid-bowed, some dimples made, my eyebrows arched, my complexion fixed, my nose shortened and rounded at the tip, and my face made rounder and fuller . . . Would it cost more than \$100?"

Obviously, the only reply you can give such pursuers of beauty is that surgery can improve, but cannot create, appearance. In most cases, experience shows that it is better to discourage them from any surgery whatever. While they are often willing subjects for the knife, they are generally disappointed with the results.

Worst of all, however, are patients whose defects may be minor but in whom they have created a neurosis. There is no cure for them. Should the outcome surpass all reasonable expectations, they would still be dissatisfied. Unless you wish to make some other doctor miserable, send them away from your door convinced that they had better go through life as nature made them.

There is one warning I cannot overemphasize. That is, not to take matters of looks too lightly. The person with a nasal deformity, however slight, is supersensitive about his facial appearance. He views any projected operation affecting it as a major crisis in his life. Discuss it, therefore, in the same spirit, and give your advice on that basis. If it proves sound, you can rest assured that you will never lose the patient. Even better, you will be doing your part to keep your patients out of the hands of lay quacks who have too long overrun a distinctly medical field.



Lapland's Dr. Wallquist: His patients live in huts, pay their bills

ARJEPLOG HO!

HIS SWEDISH colleagues laughed when Dr. Einer Wallquist told them where he was going to practice.

"Lapland!" they exclaimed. "It's a barren wilderness! You'll starve."

But Wallquist paid no heed to their predictions. While they plunged into already overcrowded

medical worlds, he journeyed northward.

By sea and rail he traveled. When the train tracks ended, he took a horse-drawn sleigh. Over miles of ice, through frozen forests he rode, until he reached a place called Arjeplog. There, in



By boat and sleigh Dr. Wallquist (above) makes his rounds. An ambulance plane (right) transports emergency cases. The doctor smiles (top right) when patients visit his office and save him a trip of maybe fifty or sixty miles.

this little village with the name like a printer's error, he stuck up his shingle.

It is there today. He has not starved. And he has never regretted his decision to solve his location problem the hard way.

Dr. Wallquist is easily the most

popular physician for a hundred miles around. In fact, he's the only one. His is a practice absolutely without competition. His patients are the 3,600 scattered settlers who inhabit the surrounding wastelands and swamps.

Conditions are not perfect. of

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course, despite the lack of competition. For one thing, his patients are frightfully poor. Yet somehow they always manage to set a little aside for the doctor. And there is no collection problem. Dr. Wallquist charges an annual fee per person of about \$10.

Another thing the city practitioner might miss are fancy office hours. In Arjeplog, the doctor's day often lasts the clock round. Such is the demand for Einer Wallquist's services that he has found it necessary to limit his visits to emergencies. Assisted by several nurses, he passes most of his time in the clinic of his own hospital. It is not unusual to see long lines of Laplanders waiting in the morning outside the doctor's door. Some are sure to have traveled all night to get needed treatment. Among them is frequently one who reports that his wife or child is desperately ill in some far-off cabin. If so, the situation becomes dangerous not only for the patient but for the physician.

For there are no automobiles; no subways, buses or trolleys; no taxis into which one can jump and



be whisked to a desired destination in a few minutes. If it is winter, a house call means a long, lonely trek on skis or sled. In summer, it usually demands a brisk battle with the elements on the stormy lakes of the region.

If it is spring—worse yet! Then the snow blanket is melting; sleds are useless; the lakes are still crusted with their thin, treacherous winter coating. A boat must be dragged over this surface to

open water. There is constant danger that the ice may open to engulf both the craft and its crew. Even if water is reached safely, it often does not last long. Solid ice may again appear, occasioning further back-breaking portages. Sometimes, many hours of such labor are required before the doctor arrives, exhausted, at the bedside of the sufferer.

Dr. Wallquist soon realized that he could not expect the seriously ill to make the return journey. Nor could he let them lie without care or, possibly, food. What to do?

His solution of this poser is as modern as it is effective. He arranged with a hospital in Boden, ordinarily a journey of several days, to pick up his patients by airplane. Thus, they are flown quickly from their isolated homes to an up-to-date institution where they can be properly cared for.

One advantage Dr. Wallquist willingly concedes to the city doctor. That is, the comforts of home. He has never married. "It would be unfair," he says, "to ask a woman to share this existence in the Arctic. Besides, my almost ceaseless work allows me very little time for home life."

Participating in the lives of others is his compensation. He speaks of his neighbors proudly, as "my people."

"They would do anything for me," he says. "And I would do anything for them."

In fulfilling his part of the bargain, he has found success.

A handy waste receiver

Akin to the shaver's problem of what to do with old razor blades is the medical poser of where to drop used cotton swabs, nasal tampons, etc.



Here's a receptacle of my own contrivance:

An ordinary paper bag is inserted in a glass jar. The edges of the bag are folded over the bottle mouth. There they are held in place by a rubber band.

The jar is kept in a convenient corner of my treatment cabinet. The bag makes an ideally sanitary lining. Whenever it gets full, it is discarded—contents and all—for a new one.—M.D., Connecticut.

Current slogans: "Medical care for all the people all the time!"—Originated by DR. A. C. CHRISTIE, Washington, D. C.

A Ten-Second Reference System

In about the time the fastest sprinter takes to run the "hundred," you can permanently index a medical article. Or, in that same sixth of a minute, you can find the date, issue, and page of an article already indexed. You can, that is, if you use the system explained in this article.

WILLIAM M. BLAZINA, M.D.

HISTORIANS who deduce the past from memoranda on the pages of old books are going to be stuck, I'm afraid, when—and if—they come across my medical library. Staring them in the face, from the margins of many volumes, will be such cryptic comments as:

"Derm. 10-37-846. Sulphur Soap."

After days of trying to translate such stuff, they will, no doubt, give up. Or else conclude that the books must have once graced the library of a lunatic.

I am glad to announce that they are wrong. These combinations of words and figures are not the ravings of a psychopath. Nor are they a secret code. They are merely what I believe to be one of the simplest and most practical ways of indexing medical information. And, incidentally, in my estimate, a vast improvement over more orthodox approaches.

When I began practice, I was nothing if not conservative. With the words of my medical-school professors still ringing in my ears, I devoured news of the latest drugs,

therapies, and advances with commendable avidity. Again remembering their advice, I dutifully stored the better articles against future needs.

To what avail? Only to discover when the rainy day arrived, and the information desired would have been priceless, that I couldn't find it!

If there is anything more exasperating than to want something very badly, knowing that it is within reach—nay, in the very room—without being able to lay your hands on it, I don't know what it is.

My first temptation was to run at random through the magazines; hoping against hope that through some particular favor of the gods, I would light on what I was seeking. Experience quickly undid me.

I finally decided that what I lacked was system. To remedy this breach, I took to making written abstracts of articles that caught my fancy.

These were recorded on filing cards. I admit it was fun. But soon I discovered that while I was playing curator in the inner office,

half of my paying practice, tired of waiting, was walking out the front door.

Before it was too late, I abandoned this almost fatal hobby.

Then I bought a file and a pair of scissors. Snipping desired articles at the time of reading, I flattened myself, would save both time and office space. In my enthusiasm, I became a regular old cut-up. My files bulged; and my heart bulged with them when I thought with pride of all those clippings stowed away alphabetically.

That was fine—for awhile. But once more, my troubles began all over again. Whenever they were used, the clippings had a way of getting back in the file under the wrong headings. Or worse, of not getting back at all. What's more, the unprotected pages started showing signs of wear. And the damage done to the journals was a crime.

That made up my mind. I had made two trials; I was through with standardism.

So I worked out a system of my own.

The first departure of my method from the norm is that there are no files, card catalogs, etc. Consequently, all the tedious duties attending them are wiped out. All you need is a set of standard textbooks such as any physician already owns (e.g., a good system of medicine). This is your index to current periodical literature. As each new article in which you're interested is published, you jot down a reference to it in your textbook on the subject. Each notation of this kind is made on the margin of one of the pages in which the topic is discussed.

Nor do these notations follow the

standard reference form (again, far too complicated for the doctor's purpose). Instead, a simplified system is substituted. This consists of listing abbreviations for the journal, date of publication, page number, and the article's title.

Suppose, for example, that in the October, 1937 issue of the *Archives of Dermatology and Syphilology* I read an article on the sulphur-soap treatment of scabies. I then make the proper notation on the margin of one of the pages of my textbook on dermatology in which the treatment of scabies is discussed, thus: "Derm. 10-37-846 Sulphur Soap." This notation will tell me, whenever the subject comes up in my practice, that there is an article on it on page 846 of the October, 1937 issue of the *Archives of Dermatology and Syphilology*.

If you feel that my system of abbreviations is over-simplified, you can lengthen it to suit yourself. Or, if you prefer to simplify it further, do so. The only test of any reference system, in the long run, is your own convenience. One of the chief advantages of the plan described is its adjustability to needs of the individual physician.

Jotting down a reference takes a bare ten seconds or so. Another ten seconds will tell you where an indexed article may be found and what it contains.

"Say, Doctor, what's good for a cold?"

"Try a teaspoonful of soda in a glass of water."

"Oh yeah, that *must* be good. That's what the *vet* told me to take this morning."

—From the current Broadway success, "All the Living."

YOU KNOW THE TYPE



"Sure he charges more for a house call. But what's the difference? I can't pay him anyhow!"



EDITORIAL

TOMORROW'S PATIENTS

THE AGED are often considered the doctor's best patients. Perhaps so; but evidence indicates that this is merely because experience has taught them the value of taking care of themselves.

To be young is not necessarily to be healthy. Youth needs medical care as much as its elders.

This fact has been demonstrated by agencies all over the country; more recently by New York City's Board of Education, Department of Health, and Progressive Education Association. Surveying Seward Park High School students, this trio found that 90% had physical flaws which should be under the care of a physician.

True, many of the defects were minor. But as Dr. William Schmidt, Cornell Medical College pediatrician heading the survey, observed:

"A very high percentage...have defects and chronic conditions. Some...are potentially serious. All...require medical attention."

The three investigators agree that a better school-health program is needed. But, they ask, what form shall it take?

For the answer, they should listen to Dr. Robert B. Brodie, principal of the high school whose pupils they studied. Said Dr. Brodie:

"Health should be placed on an individual basis even as we are now emphasizing individual instruction on the academic side."

These words are heartening. They suggest that some educators have finally recognized what the medical profession has known for years: namely, that health is an individual matter between doctor and patient; that health service on any other basis is almost certain to fail.

Experience has proved mass school examinations hasty and inadequate. In Michigan, this has been cited by the Wayne County Medical Society; in New York State, by the Queens County Medical Society. The latter group has demanded that examinations in the offices of volunteer private practitioners be substituted.

This plan has obvious advantages. It allows a thorough check-up. It directs patients who need treatment to the family doctor, rather than to clinics. For young physicians especially, it provides a valuable means of making contacts.

Should such examinations be paid for?

In our opinion, whenever possible, they should; even if not at regular rates. One solution would be for private practitioners to set aside a School Examination Hour at their offices. During this time, they could examine school-children for, say, \$1 each. Medically-indigent children, of course, would receive this service free.

Those who doubt the wisdom of such a course are referred to the words of a famous cardinal. Noted for sagacity in state as well as in church affairs, this prelate once estimated thus the influence of the early years:

"Give me a child while he is young. Then try to get him after that!"

The same principle applies to patients.

H. Sheridan Balketel



APPLYING THE BRITISH

WHEN, after their recent foreign tour, Dr. and Mrs. Douglass W. Orr announced in the *Survey Graphic* that England's system of socialized medicine conforms with the American Medical Association's ten principles, MEDICAL ECONOMICS sought confirmation or refutation from someone who has been through the health-insurance mill. An authority was found in Dr. William J. Cowan, now practicing in Cold Spring, N. Y. A graduate of the University of Edinburgh Medical School and a British panel physician for several years, Dr. Cowan possesses an intimate knowledge of English health insurance from the inside out. This summary presents each of the ten original A.M.A. "commandments," followed by the Orr claims with respect to it and Dr. Cowan's comments, in that order.

1

A.M.A.—All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control.

The Orrs—Under National Health Insurance in England, while purely administrative details are in the hands of administrators, matters of medical practice and policy are in

the hands of the doctors. The British Medical Association and the Insurance Acts Committee, nationally, and the Panel Committees, locally, in fact control the purely medical aspects of the English health insurance scheme.

Dr. Cowan—To attempt to distinguish between "purely administrative details" and "matters of medical practice" is specious logic. The average doctor cannot afford to concentrate solely on treating patients, leaving his own economic well-being in the hands of those whose interests are more political than professional. He has a vital interest in administrative, as well as in medical, details. This is desirable not only for his own sake but for that of his patients. Hence the principle that *all* features of medical service should be controlled by the profession. Under National Health Insurance in England, this is not so. Collection, control, and allotment of all fees are managed by laymen. Although appeals may be made to a medical board, its power is curtailed. The Auditor, a layman, has the final word.

2

A.M.A.—No third party must be permitted to come between the patient and his physician in any medical relation. All responsibility for

"TEN COMMANDMENTS" OF THE A.M.A. TO

HEALTH INSURANCE

the character of medical service must be borne by the profession.

The Orrs—Under NHI, no third party can come between patient and doctor without the permission of the patient; and, under the English scheme, when a question arises concerning continuing or stopping payment of cash benefits, the only third party is another doctor who acts as medical referee. But the patient cannot be forced to submit to a second doctor's examination. In the vast majority of cases the doctor-patient relation obtains...

Dr. Cowan—In England, a third party very often converts the traditional doctor-patient relationship into an unpleasant "triangle." He is the representative of the central fund. That this intruder must obtain the patient's permission before making his examination is scant solace to the panel doctor. For this so-called medical referee holds the purse strings. If the patient does not submit to a second examination, his cash sickness benefits are automatically held up. With such a club over his head, what patient will refuse?

5

A.M.A.—*Patients must have absolute freedom to choose a legally qualified doctor of medicine who will serve them from among all*

those qualified to practice and who are willing to give service.

The Orrs—This of course is precisely the arrangement under the English panel system. Moreover, patients may change doctors at will. The range of choice in England is virtually as wide as the number of general practitioners, since almost all of them accept insured persons under the conditions of insurance practice.

Dr. Cowan—Has the British patient the absolute freedom of choice claimed above? Theoretically, he has. Actually, he is confined to a few practitioners, none of whom may be especially equipped to treat his case. For the patient's assignment to a panel doctor is not actuated by any medical need; it is determined by where he lives! If the patient is dissatisfied, as he often is under such a hit-or-miss method, he has to obtain a "release" from the first doctor before he can report to a second. Such changes are carefully recorded at headquarters. Several classify the patient as a troublemaker. Soon no doctor is anxious to have him on his panel, with the result that he may receive the most superficial treatment. If he persists in demanding a physician who is more than two miles away, he usually arouses the latter's antagonism more than his interest. For what incentive has

the panel doctor to visit distant patients? Why should he make tiresome journeys if he is to receive only 10c a mile, payable quarterly, and with the provision that a special blank be properly filled out?

4

A.M.A.—*The method of giving the service must retain a permanent, confidential relation between the patient and a "family physician." This relation must be the fundamental and dominating feature of any system.*

The Orrs—The English system certainly lives up to this principle. Regional Medical Officers, who are themselves doctors, inspect panel doctors' records, not in violation of the confidential relation between doctor and patient, but simply to insure that the doctor is keeping records and to gather statistics of the service rendered by panel doctors... The panel doctor is normally the "family doctor" in England, and the ideal of the British Medical Association and of many workers is to have NHI extended to include the entire family group in the medical service.

Dr. Cowan—The above answer is potently inconsistent. In one breath, it is remarked that the English system observes the customary American confidence between doctor and patient; in the next, it is admitted that regional inspectors pry into the panel practitioner's records. If this is not a breach of confidence, then what is?

5

A.M.A.—*All medical phases of all institutions involved in the med-*

ical service should be under professional control, it being understood that hospital service and medical service should be considered separately...

The Orrs—This principle does not apply directly to NHI, in which medical service is thus far limited to a general practitioner service. Neither NHI nor proposals for extending it violate the spirit of the principle.

Dr. Cowan—Perhaps, as is indicated, NHI does not contradict the "spirit" of the principle of professional control of institutions. Experience shows, however, that it violates it in fact. "Pull" with lay hospital directors has come to be such an outstanding qualification of British staff chieftains that it is a common joking matter; as is the political status of candidates for jobs as specialists in tax-supported institutions.

6

A.M.A.—*In whatever way the cost of medical service may be distributed, it should be paid for by the patient in accordance with his income status and in a manner that is mutually satisfactory.*

The Orrs—Under NHI the workers' contributions are not graduated as much as they might be, but they are generally regarded as fair. Many would be willing to pay more for a more complete service and larger cash benefits. We do not recall dissatisfaction with this aspect of NHI except that doctors press for a higher capitation fee.

Dr. Cowan—By their answer, Dr. and Mrs. Orr inadvertently reveal

why the British way of distributing the cost of medical care is not "mutually satisfactory." Patients do not pay in accordance with their income status because, as is conceded, "workers' contributions are not graduated as much as they might be." As a striking and final proof of the dissatisfaction of patients with the existing set-up, there is the willingness of subscribers to pay more, if they are given better treatment. Similarly, the admitted fact that "doctors press for a higher capitation fee" demonstrates in what direction the needs of the profession lie.

7

A.M.A.—Medical service must have no connection with any cash benefits.

The Orrs—Under NHI the medical service and the cash benefits have been widely separated. The panel doctor does issue certificates, but these are only memoranda for the Approved Societies to pay cash benefits; they do not have the force of a draft or order. The Approved Societies, on the other hand, cannot coerce the panel doctors...

Dr. Cowan—How "widely separated" are medical service and cash benefits in a system which directly connects the doctor with the cashier's window? That is exactly what happens in the payment of NHI sickness benefits. For the first six months, there is no investigation. The cashier automatically issues the money on receipt of the physician's certificates of illness. They are his only guide; they have the same effect as a draft or order. It is true, of course, that the Approved

Societies do not coerce individual doctors; they do not have to. The physician often signs the certificates as a matter of course. And why not? If he fails to sign, he risks the loss not only of his panel patient but of the private practice of the patient's family as well.

8

A.M.A.—Any form of medical service should include within its scope all legally qualified doctors of medicine of the locality covered by its operation who wish to give service under the conditions established.

The Orrs—Again, of course, this is what the British scheme does. Any qualified (i.e., legally accredited) general practitioner may enter the panel service, and most have done so.

Dr. Cowan—Once again the observers' sin is one of omission. Whereas it is emphasized that any qualified general practitioner *may* serve under NHI if he chooses, the fact that England's best men do not so choose is not mentioned. This is so much the case that it has become almost a truism that no top-notch physician, with a private practice that will support him, ever enters and remains in the panel service.

9

A.M.A.—Systems for the relief of low-income classes should be limited strictly to those below the "comfort level" standard of incomes.

The Orrs—NHI is compulsory only for workers with incomes less than £250 a year. Just what "com-

fort level" may be is capable of many definitions.

Dr. Cowan—It is possible, as suggested, that the term, "comfort level," is susceptible of many definitions. But this only serves to confuse an otherwise clear-cut issue. Accepting the NHI's own income-standard of £250 a year, or roughly \$1200 (below which subscription is compulsory), is this the "comfort level" such a salary might indicate in the United States? Hardly. The average English employee could live in a lot more than comfort on \$1200-a-year—if he got it!

10

A.M.A.—There should be no restrictions on treatment or prescribing not formulated and enforced by the organized medical profession.

The Orrs—The medical service under NHI is limited by law to what is within the competence of an average general practitioner. This has been accepted by the British medical profession, and the doctors themselves have come to agree upon what lies within this range of services. While doctors are urged to keep prescribing costs low, medical indications govern the writing of prescriptions for each case. . . There is nothing in NHI that conflicts with the spirit of the above principle.

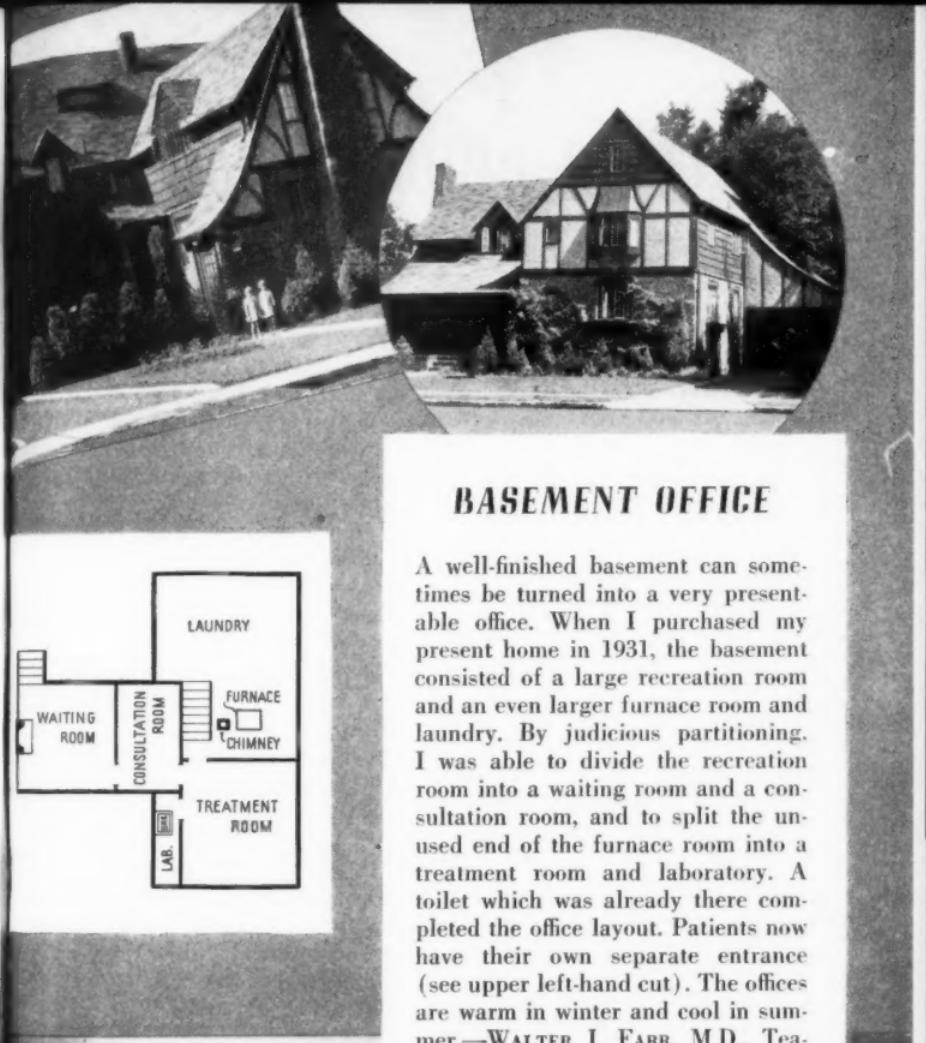
Dr. Cowan—The truth is that, under NHI, there are many restrictions on treatment and prescription. Furthermore, far from being formulated by the profession on whom they are imposed, they are heartily resented. But as they are the work of lay political interests beyond the

reach of the average doctor, there is little he can do to modify them. Probably the worst restriction is the pressure of time. It is estimated that a panel doctor can devote less than five minutes to the average office patient. If he gave more, his waiting room would never clear. As for prescriptions, they are governed by financial, not medical, considerations. Physicians are not only "urged" to keep costs low, they are warned and fined if they go above a set amount. These are only two of many examples of the handicaps under which English practitioners work. Yet the Orrs calmly assert that there is "nothing in NHI that conflicts with the spirit of the principle" against restriction on treatment and prescriptions! Under any medical system, the doctor must cope not with "spirits" but with practicalities. Try to satisfy a suffering patient by telling him that although he may be half-dead physically, he is perfectly all right "in spirit"! That is essentially what the Orrs are trying to do when they hold up as virtues the ills of a sick medical system.

I do not know, nor can I conceive, any human contrivance that can more effectually and irresistibly oblige the physician to study carefully the case of his patient; to attend to every symptom or change of symptom; to exert himself to the utmost for his patient's relief; and at the same time to be as cautious as possible in the remedies that he employs; than to find himself under the necessity of giving a minute account of everything he has done, in a very public manner, and before a number of competent judges.—DR. JAMES GREGORY, Professor of Medicine, Edinburgh University, 1790 to 1821.

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BASEMENT OFFICE

A well-finished basement can sometimes be turned into a very presentable office. When I purchased my present home in 1931, the basement consisted of a large recreation room and an even larger furnace room and laundry. By judicious partitioning, I was able to divide the recreation room into a waiting room and a consultation room, and to split the unused end of the furnace room into a treatment room and laboratory. A toilet which was already there completed the office layout. Patients now have their own separate entrance (see upper left-hand cut). The offices are warm in winter and cool in summer.—WALTER J. FARR, M.D., Teaneck, N. J.

KEEPING BRIDGET HEALTHY

Servant health check-ups spell protection for patients and practice for the physician.

BY FAIRFAX HALL, M.D.

IT WAS IRONIC. Dr. Dupe's children had contracted tuberculosis. Too late, the Dupes' three maids were discovered as the source. Each was actively tuberculous.

The only fiction in this story is the physician's name. The actual incident took place in 1922 in the home of a New York pediatrician.

All physicians are familiar with, if not so personally affected by similar occurrences. Run through the possibilities:

An adult with unrecognized active tuberculosis will infect every child in the household with whom she comes in contact. Scores of positive tuberculin reactions, developed in well-cared-for children, have been traced to a maid or nurse girl who has the disease.

Syphilis is not readily transmitted. Yet in the active stage, untreated, it is always a potential danger to the members of the family for whom the infected servant works.

Gonorrhea, skin diseases, and respiratory infections are even more frequently passed along by servants. To say nothing of typhoid. Two instances of employers catch-

ing typhoid from servants have occurred in my own practice.

Patients jeopardize their own health and that of their families by not requiring their servants to submit to periodic health examinations. It is the physician's duty to hammer home this fact to those under his care.

Many business concerns require health examinations of all their employees. People who have servants do so rarely. The reasons are apparent:

Servants are hard to get, especially when there are children in the family. Few people care to increase the difficulty by asking for a health examination. Besides, there is the matter of the expense.

In a number of communities considerable fire has been drawn by the question: Should health examinations of servants be made compulsory by law? North Carolina is one state that has already enacted such a law. Newark, N. J. has accomplished the same objective with a municipal ordinance.

In a number of places, however, attempts to force servants to take health examinations have proved abortive.

Such an attempt was made in New Rochelle, N. Y. A concerted protest by both employers and servants nipped the ruling in the bud.

Englewood, N. J. offers another example. An ordinance was passed there compelling every servant to

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be examined twice a year by her own physician for venereal disease, tuberculosis, typhoid, and throat infections. For violators, whether employers or employees, a \$25 fine was specified. Almost immediately, indignant protests began to pour out of Englewood's kitchens and nurseries. Employers, faced with the loss of trusted servants and with the gamble of securing satisfactory substitutes, demanded that the ordinance be rescinded. Although the board of health refused, it made little difference; for the ordinance is not now being enforced.

In the belief that such compulsion leaves much to be desired, the Westchester County (N. Y.) Medical Society decided last fall to campaign for voluntary examinations.

The first move was educational. To local organizations, such as women's clubs, civic leagues, and P.T.A. groups, society members began to point out the need for and the method of obtaining servant health check-ups on a voluntary basis.

Public sentiment favorable to this movement has thus been created. Employers, with the help of their family physicians, are learning how to explain to their servants that they have much to gain and nothing to lose through semi-annual medical examinations. It is hoped that Westchester servants will become accustomed in time to submitting health references as well as character references.

The medical society's committee on public health has prepared a standard examination form. A supply of these forms is now in the hands of all members. It calls for

syphilis tests, x-ray examinations for active or potentially active tuberculosis, and examinations for vaginal discharge. A servant who passes is given a card certifying her good health. To retain a valid health card, she must be rechecked every six months and x-rayed once a year.

The cost of such examinations is naturally a problem. But it is being met successfully. Members have been asked to limit their fees. Local radiologists, for example, have agreed to take a single chest film and to report their findings for \$3. The balance of the annual examination (with Wassermann tests being made by the state laboratories) costs \$4. The semi-annual check-up is done for \$3. All of which brings the yearly cost to a total of \$10.

It has been proposed that, whenever possible, the servant applying for a health card should pay for the examination herself and be re-

Silver spoons spur practice

Soon after I deliver a baby—and provided the bill has been paid—I present the mother with a silver-plated feeding spoon. On the handle is engraved, "To _____ from Dr. and Mrs. _____."

Naturally, such a gift is exhibited to many friends and relatives. At feeding-time, it is a daily reminder of the donor. Moreover, it will be cherished for many years; a constant souvenir of the association of child, mother, and family physician.

The cost of such spoons is moderate. I pay about 90c each for them in lots of six or twelve. This includes the engraving.—M.D., New York.

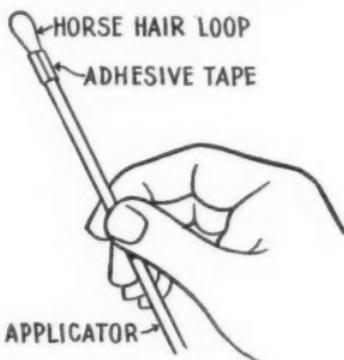
imbursed later by her employer. The specific plan suggested works like this:

Bridget, the cook, pays her own doctor to examine her. For doing this, she gets \$1 a month extra. Thus, by the end of the year, she has received valuable health service and has made a \$2 profit. This has an insurance feature, too:

At the end of six months Bridget will have been repaid only \$6 of the \$7 she had to spend for her first complete examination. If she does not take her semi-annual check-up, her health card will not be valid, her \$1-a-month bonus will

For removing foreign bodies from the eye

The instrument shown below is ideal for removing foreign bodies from the surface of the eye. It's superior to a



spud; and it's virtually impossible to injure the cornea through its use.

It's easily and quickly made, too. All you do is fasten a horsehair loop to the end of an applicator with adhesive tape. If you haven't any horsehair, you can generally find some in the lapel of your coat.—R. W. KRAFT, M.D., Hobart, Ind.

cease, and she will lose her profit. Also, the employer is protected from loss if a servant should leave shortly after he paid for examination.

A campaign to establish periodic health examinations for servants must do two things right at the beginning: (a) standardize the quality and cost of the examinations; (b) inform the public that such voluntary examinations are available.

Once those requirements are met, the effort can be made to bring domestics into line. Employers may explain that the local medical profession is urging all people in the community who have servants to see that they are protected by regular health examinations.

There is little doubt that physicians can, by educational effort, convince their patients of the vital importance of employing only healthy servants. In selling the idea to householders, they may well labor these points:

1. Demand a health reference of every servant, just as you do a character reference.

2. If you have children, insist that every employee in your household have a lung x-ray.

3. Ask your county medical society to make available at moderate cost a standard physical examination for household employees.

4. Enlist the help of employment agencies. Request them to urge the medical examination of servants.

5. Do not support legislation for the compulsory examination of servants. Instead, try to stimulate cooperation by educating public sentiment in favor of this health movement.

Why Not Cut Loose This Summer?

On the theory that under every doctor's solid exterior lurks a bit of the gypsy, Medical Economics offers suggestions for the vacation you've dreamt of—but never got around to. Sources of further information about any of the locales and facilities mentioned will be supplied on request.

AS THE SUN SHINES outside your office window these rare June mornings do you find yourself dreaming of the country spot you knew as a boy? If so, this article is not for you. Go there this year—and next—and the next—and be satisfied!

This message is addressed to the majority of practitioners, to whom the coming of summer brings the disturbing question:

"Shall I go to the mountains and play a little golf? Or shall I dazzle the mermaids at the seashore with my Herculean form?"

Of course, you know from experience that neither will quench the restlessness within you. You remember that, if it is cool at the Mountain Dew Arms, the whole world—and not a very nice world—seems to have moved there. The golfers wait their turn at the tee in knots. Venturing on the green, where the balls whiz by like bullets, is worth your life. If you would rest on the front porch, you have as much chance of grabbing a seat as on the Stock Exchange. Even should you be lucky, just try to hear yourself think above the chatter of the bridge addicts. Can you

get away from it all by walking in the woods? Don't be silly; you'll probably meet crowds of guests with the same idea. Or be mistaken for a deer by Mrs. Gallowell's little boy, who can knock the eye out of a squirrel with a BB gun at forty yards. Of course, you can always drink. And often, it's the only way out.

The seashore is apt to be just as bad; except that there are no trees to hide the people. The sand gets in your hair, your shoes, the sheets of your bed—everywhere; the sun would boil a turnip; and unless you were the captain of your college swimming team, you're not apt to be your best on the beach.

In fact, after returning, poor both in spirit and in purse, from one of these so-called "vacations," haven't you ever said to your wife (or she to you):

"Well, I'm certainly never going there again!"

But after several seasons of "looking for a change," you come to the conclusion that where you go doesn't make much difference. A mountain is a mountain; and beaches, whether at Coney Island

or Cannes, are the same the world over.

Well, you're right. If you have no better place to go, you may as well repeat the mistakes of yesterday. But if you are willing to devote a little time and thought to planning your vacation, you'll find it's a cinch to make it thoroughly different and, hence, thoroughly enjoyable. In the end, you'll find it pays; if for no other reason than that you will return a new man and a better doctor.

We all have different ideas of what constitutes recreation. That's what makes the routine vacation so generally unsatisfactory. The following list of ideas is designed for all tastes, from the most adventurous to the most sedentary. It is by no means complete. It comprises merely a collection of unusual but practical suggestions that can be expanded or modified at your own whim.

A canoe and you

There is hardly a man alive who, entranced by a magazine cover picturing a swarthy half-breed skimming his birchbark over some glass-like lake, hasn't imagined himself in a like situation. Should he attempt to make his dream come true, as sometimes happens, the results are often disappointing and not infrequently dangerous.

Consequently, the State of Maine has taken steps to protect the reckless (and itself, since too many drownings give the state a bad name) against their own enthusiasm. It has planned thirty "safe" canoe trips and passed a law requiring canoeists in "wild land" (territory outside townships) to have a registered guide. It main-

tains 130 "non-hazardous" camp sites near spring water. In fact, all you have to do is paddle your own canoe; and, if you insist, the guide will do that.

The physician who would turn *voyageur* overnight, however, is advised to select a canoe at least twenty feet long and a trip of not more than one day's duration. The twelve-mile stretch from Patten to Island Falls, on Fish Stream, is ideal. There are no rapids to shoot (which is only fun for Indians, anyway), and there are no portages.

The latter, by the way, should be carefully considered in mapping a route. For it's surprising how heavy the lightest canoe can be when you're carrying it overland—plus a wall-tent, cooking utensils, axe, pail, lantern, sleeping-bag, and flashlight. Exercise discrimination, too, in selecting a guide. Don't hire the first hanger-on in sight; consult the proprietors of a reputable hotel or sporting camp. Many have lists of reputable guides from which you can choose.

To experts, the 200-mile cruise down the St. John River is recommended. It's designed to test your mettle and takes three weeks. But the scenery is well worth the effort. The country is as wild as in the days of our forefathers. Game bounds up under your feet in the forests and fish leap restlessly out of the streams.

Dude for a day

They say everything gets back to the horse. And for maximum equestrian pleasure, the recommendation of Horace Greeley to "Go West," is still sound. Nearly all the Western states have dude

ranches (95 in Wyoming alone) where a tired nose-and-throat man can indulge his fancy to be a cow-puncher.

To obtain a berth at the best, you have to make reservations in advance. Don't be surprised if you are met at the train by a chorus of "yippees" and a waving of sombreros. It's all part of the routine. At the station, too, you will probably be presented with a horse that looks like Seabiscuit but that has the temper of Aunt Tabathy's kitten.

At the ranch, you live in a cabin that's reminiscent of a President's birthplace. The employees, referred to as "cowboys," will take you along on regular horseback trips if you like. But you can have more fun by "hitting the trail," as the boys up at the bunkhouse say, for yourself. You are entitled to participate (better not, though) in a rodeo, go on "pack trips," shoot at targets, toss horseshoes, and even brand cattle.

Fees at these ranches range from \$30 to \$100 a week (the last for cowboys with champagne tastes). Even at these prices, those who have tried it declare the experience well worth the money.

Evidence of the growing popularity of dude ranches is that several have lately been reported in New York and Connecticut. Hence, Easterners may now find this amusement a little closer to home.

Pump, boys, pump!

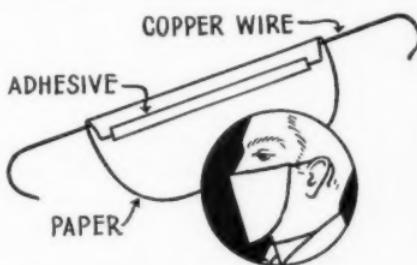
If you've ever wondered what a six-day bike rider feels like, here's your chance to find out:

Get hold of a bicycle (\$25 up) and head for the open road. This is one of the least expensive and, in

Home-made mask

During throat examinations, patients often cough in the examiner's face. Too often, the doctor thus contracts a cold or other condition.

To protect myself, I cover my nose



and mouth with a home-made mask. The only materials needed are heavy wax-paper, copper wire, and adhesive plaster.

Cut the paper to shape. Fold its upper edge over the wire. Then seal the seam with adhesive tape. The projecting ends of the wire are curled to fit over and behind the ears like an eyeglass frame.

This mask is easily put on and removed. If carefully made, it will fit perfectly and afford excellent protection.—SAMUEL WALDMAN, M.D., Brooklyn, N. Y.

some ways, most satisfactory vacations there is. But it requires sound wind and good legs—and we don't mean maybe!

Confine yourself to one change of clothes, a raincoat, dark glasses, a roadmap, and a bathing suit. These can be bundled into a waterproof knapsack fastened to the rear rack. If you are cold-blooded, add a sweater for the evenings; if a film-fieid, a camera.

Picking your state is important. In some the absolute disregard paid

your frail vehicle by autoists will turn you into either a shivering wreck or a corpse. Vermont, in every respect but its hills, is ideal. The scenery is beautiful; out-of-the-way roads abound; villages are only about ten miles apart; the most dangerous traffic hazards are cows. Vermont farmers will give you the master bedroom for 75c or possibly \$1 if you look like a "furniner" from out of town. Although some cyclists will tell you that they usually subsist, in part, on wild strawberries and other delicacies that grow along the way, it's safe to say that you can obtain a good steak these days in almost any village.

Life on the levee

Remember the river steamers celebrated in story by Mark Twain? Well, they still ply their gentle way from Cincinnati to Louisville. Should you desire a still closer view of river life, captains of tow-boats on the Pittsburgh-Louisville run can sometimes be talked into taking passengers. The speed is five m.p.h. upstream; eight m.p.h. downstream. Another favorite inland river voyage is one that starts from St. Louis, continues down the Mississippi, up the Ohio and Ten-

nessee—and back. The entire trip lasts eight days.

River travel doesn't get you anywhere in a hurry. But for the doctor whose daily life is a round of hurry, its sleepy, unchanging pace is a tonic for the nerves and mind.

Explorers' club

Merely being on a horse may thrill the city specialist. But horses are an old story to the country doctor. So if he is going to take to the saddle, it is to get somewhere. It's for such persons that the American Forestry Association has devised its expeditions.

These travel parties go by the adventurous name of Trail Riders of the Wilderness. But don't let the name fool you; they're the real thing. Beginning where the railroads end, they penetrate regions beyond all roads. Transportation is by pack train; each group being accompanied by guides, scientists, wranglers.

Seven of these tours have been scheduled for this summer. One will head into New Mexico's mysterious Gila wilderness; a second, the Flathead-Sun River district of Montana, where you can find quantities of elk, bear and mountain goats, if you are inclined to look for them; a third, Wyoming's Wind River Country, a paradisiacal mixture of meadows, mountains, and glaciers. Other trips will be to the Maroon Bells-Snowmass (Colo.); the Sawtooth (Idaho); the Olympic (Wash.); and the Kings River (Calif.) wildernesses.

You can bring your wife and children along if they, as well as yourself, are in "normal" physical condition. Each journey takes about two weeks. Since they are non-

DOCTORS KNOW

more than anyone how important is the proper balance between cultivation of the mind and training of the body. Our curriculum is carefully planned to do justice to both with the result that our graduates are unusually well equipped to become useful American citizens. You are cordially invited to visit the Academy at any time to see 350 young men being educated for leadership in all walks of life.

★ For Catalog, address the Secretary ★

New York Military Academy
Cornwall-on-Hudson New York

M.D.

I don't know about the pharmaco-dynamic limitations of Wheatena, or its effect upon the intestinal musculature; but, by golly, I do know that it is the nourishing, sustaining and delicious breakfast food that hits the spot. To put it succulently, what wheat has, Wheatena has!

H.B.



The Wheatena Corporation
RAHWAY, NEW JERSEY

SAMPLES ON REQUEST

We shall be glad to send you a dozen generous samples of Wheatena, with cooking instructions for bringing out the rare and delicious flavor of roasted and toasted wheat. Address The Wheatena Corporation, Dept. ME-9, Rahway, New Jersey.

THE HOT BROWN WHEAT CEREAL

MEDICAL ECONOMICS • JUNE • 47

commercial, they are conducted on a non-profit basis. They offer a splendid opportunity for a most unusual, educational vacation in the outdoors for from \$125 to \$170 per person; in other words, no more than you'd spend at an indifferent summer resort.

Shanks' mare

But maybe you don't like horses. Some people don't; especially if they've been thrown. You may prefer long walks. If you do, here's something right down your alley; in fact, it's quite an alley of itself. It's called the Long, Long Trail and it deserves the name. Twenty-one hundred miles of grass-carpeted trail, along which you can stroll from Maine to Georgia of a few summer evenings!

This hikers' heaven was conceived by Benton MacKaye, the nature-lover, as a revolt against "mechanized" lives. (Was he thinking of doctors?) Today, through the cooperation of outdoor clubs, individuals, national and state foresters, the wanderer can walk for days without encountering a sign of civilization. To guide his footsteps, trees have been blazed à la Daniel Boone. Signs point out scenic and historic landmarks. In parts of Pennsylvania and Virginia, as well as the White and Green Mountains, shelters have been constructed for the weary. More are now being built; so that eventually there will be rest stations every ten miles.

Hiking is perhaps best in the Maine woods. There you can tramp ten miles a day, for seventeen days, and spend each night at a different camp. It's possible to do the same thing for eleven days in Virginia.

The Long, Long Trail, it's expected, will soon have a formidable, if slightly shorter, rival. This second pedestrian paradise will stretch along the Coastal Divide for 100 miles. Footloose Westerners will then be able to begin in Canada and walk clear to Mexico!

Detour

To the doctor who spends as much time in his car as he does in his office, motoring is not the perfect recreation. Nevertheless, a "detour" undertaken by a California couple sets an unusual pattern for those who will end up by motoring, anyway. This pair drove from coast to coast. But they ignored the main highways. Instead, they took only second, third, and "no-class" routes. The net result was that they covered 9,246 miles of backwoods terrain; got on speaking terms with scores of unfamiliar towns and people. No amount of impatient dashing over streamlined highways, they believe, could compensate for the education they received. In 100 days, they say, they discovered the real America.

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New Safeguards for the "Neglected Age"

Clapp's Chopped Foods

Many a mother tends to be over-confident after her child has been safely brought through early infancy. "Now he can eat what the family eats!" she comfortably tells herself.

And even if the child does not get totally unsuitable foods, he may acquire permanent food dislikes.

That is why so many doctors have urged the Clapp Company, makers of the well-known *Strained Baby Foods*, to provide ready-prepared foods for children past the strained-food age.

These new foods include eight kinds of vegetables, soups, and fruits, of the same quality and nutritive value as

Clapp's Strained Foods—simply more coarsely-divided.

When should Chopped Foods be introduced? . . . Mothers are told to "ask your doctor." Some physicians promote babies from Clapp's Strained Foods to Chopped Foods quite early, others as late as 18 months.

Write for Booklet, "A New Set of Controls over Nutrition in Early Childhood," Address Harold H. Clapp, Inc., Dept. M.C.E., 777 Mount Read Blvd., Rochester, N. Y.

8 VARIETIES

Vegetable Soup	Liver Soup	Spinach
Carrots	Beets	Green Beans
Apple Sauce	Prunes	



Clapp's Chopped Foods FOR YOUNG CHILDREN

men; probably because horseback-riding there is no longer a means of transportation but a sport. Fortunately, when the early New Englanders went West, they left a goodly chunk of wilderness behind. This has been converted by practical Downeasters into a 450-mile bridle-path. Pieced together from forgotten roads, Indian trails, and stage-coach turnpikes, it runs from the Berkshires to Cape Cod; through a country pierced only by the stone walls behind which Revolutionary War heroes took pot shots at the British. The Massachusetts Forest and Park Association has issued a guidebook and maps of the entire region.

If you prefer the homespun atmosphere of Vermont, you have a choice of nine bridle-trails. Gravel or dirt, they extend for 820 miles. In Vermont, the horse has made such a comeback that many farmers and innkeepers, with characteristic shrewdness, have set a uniform rate for accommodations. For \$3, you get supper, bed, and breakfast for yourself and a stall and oats for your beast.

Supercargo

Maybe you are one of those lucky fellows who is going abroad this summer for postgraduate study. If so, one way to travel is by freighter or cargo boat. You won't have a swimming pool aboard and progress may be a little slow; but look at these prices:

For CHRONIC CONSTIPATION
Harmless and Effective
Confirmed by clinical work



Sample and literature
LOBICA Incorporated
1841 Broadway, New York

For \$125, you can sail the Spanish Main for 22 days, stopping at Puerto Rico, La Guaira, and Puerto Cabello.

For \$550, you can go plumb around the world.

At an average rate of \$5.50 a day, you can visit practically any port of North America.

A single New York agency is now prepared to give you a choice of sailings on more than sixty freight lines. Or they will arrange a trip to suit your finances or convenience.

Outside of low cost, traveling on a freighter has several other advantages. You have the run of the ship. You dine with the officers. Your accommodations are usually better than the "tourist" of the passenger lines. Best of all, you don't have to indulge in the clothes-buying that ordinarily drains much of the money saved for spending in Europe.

Seeing Africa first

Should you become bored with the French museums, why not drop in on Africa? It's simple these days, what with airliners flying out of Paris to Jubba on Lake Victoria, Nyanza. Seven days—including stops, of course—by air and two by motor bring you to Epulu. This is a famous African resort in the jungle but nevertheless 3,000 feet above sea level.

So far as modern conveniences are concerned, you might as well

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OVOFERRIN is odorless, tasteless



IRON in its most minute most efficient subdivision

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be at a fashionable Adirondacks hotel. You live in a comfortable bungalow camp; talk shop with English and German surgeons on the porch; or enjoy a soothing swim in the pool. You won't need rifles to keep the big game off but don't forget your tennis racquet; the courts are far-famed. If you wish, you can hire a camera and take photos of the natives, which they will develop for you. Should you care for an auto ride, fine roads stretch in every direction. The chief danger in the Africa of today is not lions but Sunday drivers.

—ARTHUR J. GEIGER

Location tips

PHYSICIANS have died recently in the following towns. Not all the towns are therefore promising places in which to locate. But they do merit investigation. Only those communities are included in the list which have populations of 50,000 or less and in which the ratio of physicians to population is reasonably favorable.

Names of these towns are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They constitute the most complete and up-to-date list available anywhere—due to the magazine's large circulation (130,000 monthly). Also included are the names of towns sent to MEDICAL ECONOMICS by physicians and laymen who state that their com-

munity needs a doctor. The names of such towns are followed by an asterisk (*).

Data about the type of competition in a community, the financial status of the people, and general living conditions can best be obtained by a personal visit. MEDICAL ECONOMICS will gladly answer mail inquiries, however, about the population of any town, the number of physicians in it, and hospital facilities available.

ARKANSAS: Oil Trough

CALIFORNIA: Richmond, San Leandro

CONNECTICUT: Simsbury

FLORIDA: New Smyrna

GEORGIA: St. Simon Island, Valdosta

ILLINOIS: Canton, Jonesboro, Pekin

IOWA: Dunlap

KANSAS: Arkansas City, Dodge City

LOUISIANA: Bogalusa, Eunice

MASSACHUSETTS: Marblehead

MICHIGAN: Six Lakes, Vestaburg*

MINNESOTA: Dayton

MISSISSIPPI: Northcarrollton, Philipp

MISSOURI: Campbell

NEBRASKA: Grand Island

NEW JERSEY: Linden, Wildwood

NEW YORK: Ballston Spa, Cohoes

NORTH CAROLINA: Norwood

OHIO: Prospect

OREGON: Creswell*

PENNSYLVANIA: Braddock, Brockway,

Freemansburg Jeannette, Old

Forge, West Pittston

TEXAS: Dime Box*, Trinidad

VIRGINIA: Radford

WASHINGTON: Battle Ground

WEST VIRGINIA: Chester, Monongah

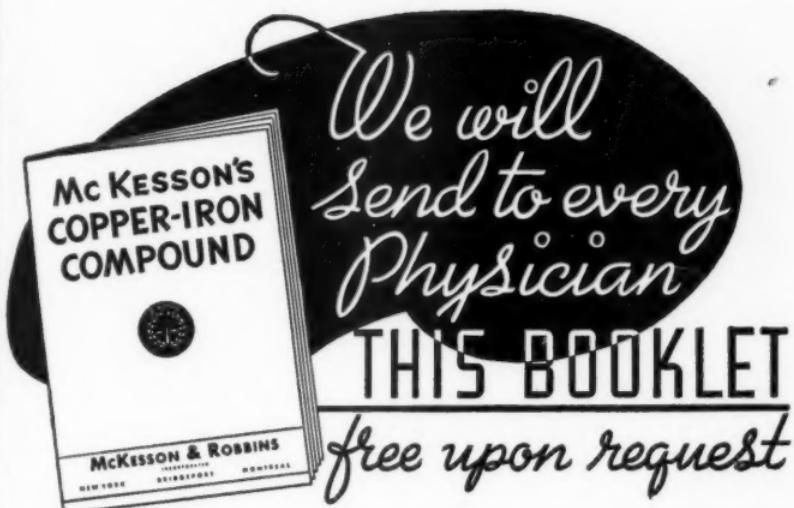
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binations in **McKesson's Copper-Iron Compound** proved effective in many types of anemia... why **McKesson's** product is non-toxic, non-astringent, easily assimilated, does not affect elimination and will not harm the teeth. It contains many case histories showing remarkable and sustained improvement in anemic patients, with **McKesson's Copper-Iron Compound**.

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(Liquid or Tablets)

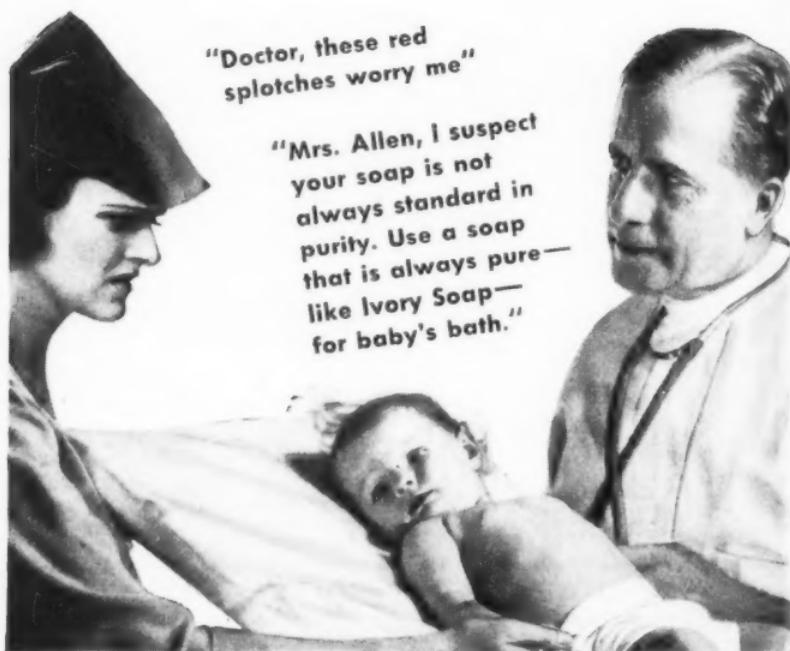
ME-6
McKesson & Robbins, Inc., Bridgeport, Connecticut

Please send me your descriptive booklet, and professional sample of
McKesson's Copper-Iron Compound Liquid Tablets.

M. D.

City

Please print name or send letterhead to avoid mistakes.



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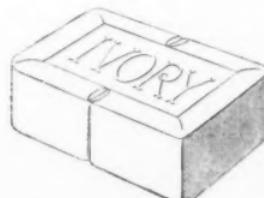
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many castiles cannot compare with Ivory's uniform purity. Tests made on 15 brands of castiles showed only 2 were made from straight olive oil. 9 contained no olive oil whatever. And the wide variation in appearance and odor proved that often methods of manufacture were sub-standard.

Reason enough to advise Ivory, as pure a soap as can be made. Ivory Soap is sold in every grocery, drug and department store at a price so low that the poorest mother can afford its purity for her baby. Advise Ivory as the baby soap.



STEER CLEAR OF

CONTINGENT FEES

BY LESLIE CHILDS, LL.B.

HAS ONE of your patients contracted to pay you *after* he collects damages for injuries received? And have you agreed to testify in his behalf? If you have, and your patient refuses to pay when he receives his money, your chances of collecting in a court of law are slim, indeed.

What you may get instead is a good bawling out from the judge. The unquestioned value of your service to the defaulting patient won't even be considered.

There are two grounds on which the court can refuse to honor your claims. One is public policy; the other is called champerty. This legal term means that you have assisted a party in a suit which did not concern you, because you wished to share the proceeds of that suit.

One such case was tried recently in Massachusetts. A woman, seriously injured through the negligence of another person, called in a doctor. She proposed that he treat her, promising to pay him 20% of whatever she might legally recover from the person responsible for her injuries. The doctor, in all good faith, entered into the agreement.

He treated the patient for two years, and testified in her behalf

in court. The woman received a judgment for \$7,200—and straightway refused to pay the doctor a penny. Outraged by this treatment, the doctor, in his turn, sued the woman.

Said the judge of the contract in handing down his opinion against the doctor:

"The above facts . . . present a case which has every element of a champertous agreement . . . It has been directly held that a contract, by one injured, to pay a percentage of the amount recovered from the one responsible for the injury to his physician for services in treating the injury, is against public policy and void where the parties contemplated that the physician shall be a witness for his employer in case suit is necessary . . ."

Another case in Michigan rated the physician involved a judicial reproof which may have seriously injured his standing in the community. Not to mention the cost of the suit.

In this case a man, injured in a railway accident, persuaded his doctor to appear as a witness to the seriousness of his injuries. In return, the doctor was to get a cut of whatever the injured person received from the company.

The investigation of the case went smoothly. The doctor's testi-

mony was taken at face value (he didn't mention the financial agreement he had made). And the complainant collected. But—the doctor had to haul him into court in an attempt to get his share.

The judge gave the doctor an unmerciful lambasting—in his best judicial fashion. During the course of it, he said:

"Such secret agreements by persons putting themselves in positions of confidence come within recognized prohibitory rules as tending to defraud. . . The principle is familiar and of long standing. It belongs with the class of combinations to raise prices by bidding at auctions, or other devices whereby the illegality is not worked out merely by success, but inheres in the transaction itself. . .

Few doctors' reputations can stand proof to such a judicial blasting. But these two cases state the law as it stands.

The moral?

Enter into no contracts which could possibly be construed as champertous.

In the interests of medical ethics, as well as for your own financial safety, avoid even the appearance of collusion.

Studies in success: Harlow Brooks

IN THE SUMMER of 1895, Henry Harlow Brooks arrived in New York City with a newly-conferred M.D. from the medical school of the University of Michigan. Twenty years later he was one of the most successful practitioners in the city. When he died in 1936 he was a towering figure in a profession which, like the skyscraping metropolis, had developed prodigiously.

In an age of growing specialization, of new techniques and undreamed-of apparatus, Harlow Brooks rose above thousands of others who had the same opportunities, the same problems and capacities. At the height of his career Dr. Brooks used to speculate on the phenomenon of this success. It was attributable, he believed, to three factors conspicuous in his career: a wealth of experience, a tireless faculty for work, and a genuine liking for people.

A New York colleague, Dr. John J. Moorhead, attending surgeon at Post Graduate Hospital, has recorded this remarkable career in

VIM SYRINGES *Velvety Operation*

You get smooth, velvety operation with **VIM** Syringes because the glass is "Slow Ground"—which makes for a finer finish. The barrel and piston are custom-made for each other—tested against leakage and backfire. For smooth, velvety operation always, get "**VIM**" Syringes.



FOR OVARIAN HYPOFUNCTION

Are you using the favored estrogenic therapy?



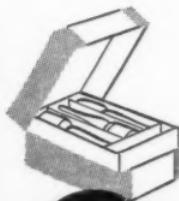
Estrogenic Hormone, by intramuscular injection, has won wide professional endorsement for the relief of menopausal symptoms . . . or of other evidences of ovarian hypofunction. In amenorrhea or dysmenorrhea associated with uterine hypoplasia, normal function is actively promoted. And marked improvement is elicited in some cases of functional sterility, in senile vaginitis or cystic mastopathia, and in migraine as well as in gonorrheal vaginitis in children.

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As prepared by Reed & Carnrick, Estrogenic Hormone is *double-checked* for biologic efficacy. First it is carefully compared with the International Standard, keto hydroxyestrin, by the vaginal smear method on rats (according to the fundamental procedure of Kahnt and Doisy). Then R. & C. Control Laboratories verify their results by Fluman's mucification test on mice—a Reed & Carnrick pioneer application. This additional check gives *double assurance* of uniformly high biologic activity and therapeutic effectiveness.

Are you buying it with circumspect economy?



*Steadfastly
ETHICAL
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decades*

New manufacturing methods have made the superior R. & C. Estrogenic Hormone available at prices markedly lower than ever before. It is an oil solution, supplied in boxes containing 6, 25 or 50 ampoules of 1 cc. each; also in vials of 5, 10 or 20 cc. (either 2,000 or 6,000 I.U. per cc.). The dosage varies from 1,000 to 6,000 I.U., at intervals of 1 to 10 days, according to the severity of the case. For interested physicians, a pamphlet on "The Biological Assay of Estrogenic Substances" is available on request. Why not write for it now—while you have it in mind?

REED & CARNRICK
JERSEY CITY • NEW JERSEY

THE PIONEERS IN ENDOCRINE THERAPY

a recently published biography, *Harlow Brooks: Man and Doctor* (Harper & Bros., \$3.50). Because success arouses a natural curiosity among colleagues concerning any professional man's background and working methods, Dr. Moorhead has designed his biography to answer the question, "Why did Harlow Brooks forge ahead of others who also were experienced, hard-working, and amiably disposed toward their fellow men?"

Much of Brooks' success with his patients is attributable to the way he combined the background of a specialist with the personality of a folksy family doctor. His patients developed "Brooksmania," as Dr. Moorhead labels their unswerving loyalty.

The patient was pleased with the way Brooks' secretary remembered his name and complaint when he showed up for an appointment. He liked to feel that the office staff attached importance to his illness. Brooks' examinations were masterpieces of thoroughness, but their psychological effect on the patient was even more significant. The patient was assured of Brooks' undivided interest in the case and he was impressed by the way the doctor used his eyes, hands, and ears in diagnosis, instead of relying solely on impressive and incomprehensible apparatus.

Brooks quickly learned a patient's hobbies and interests so that conversation during examinations

would stimulate and divert his attention. When the examination was completed the patient was certain he had found a friend and a helpful adviser. Brooks' promise to make a detailed report to the patient's doctor was convincing; and in a day or so the patient learned that his family physician had received a thorough account of the findings.

Specialization had effected a trend toward impersonal practice which Brooks believed inherently dangerous to the most beneficial relationship between physician and patient. A combination of expert advice with friendly counsel, he realized, is an essential part of modern medicine; aloofness in a doctor cannot but inspire a patient with a feeling of inadequate treatment. Dr. Brooks solved this problem easily by acting the part of a *family doctor* who had specialized in diseases of the heart and nervous system.

He captivated his patients at the outset and retained their affection. One reason why, Dr. Moorhead believes, was his refusal to dominate their daily lives. "Not too much, yet not too little, of the foibles, the fancies, and the gayeties belonging to one's environment and station in life: this was his creed, this his practice."

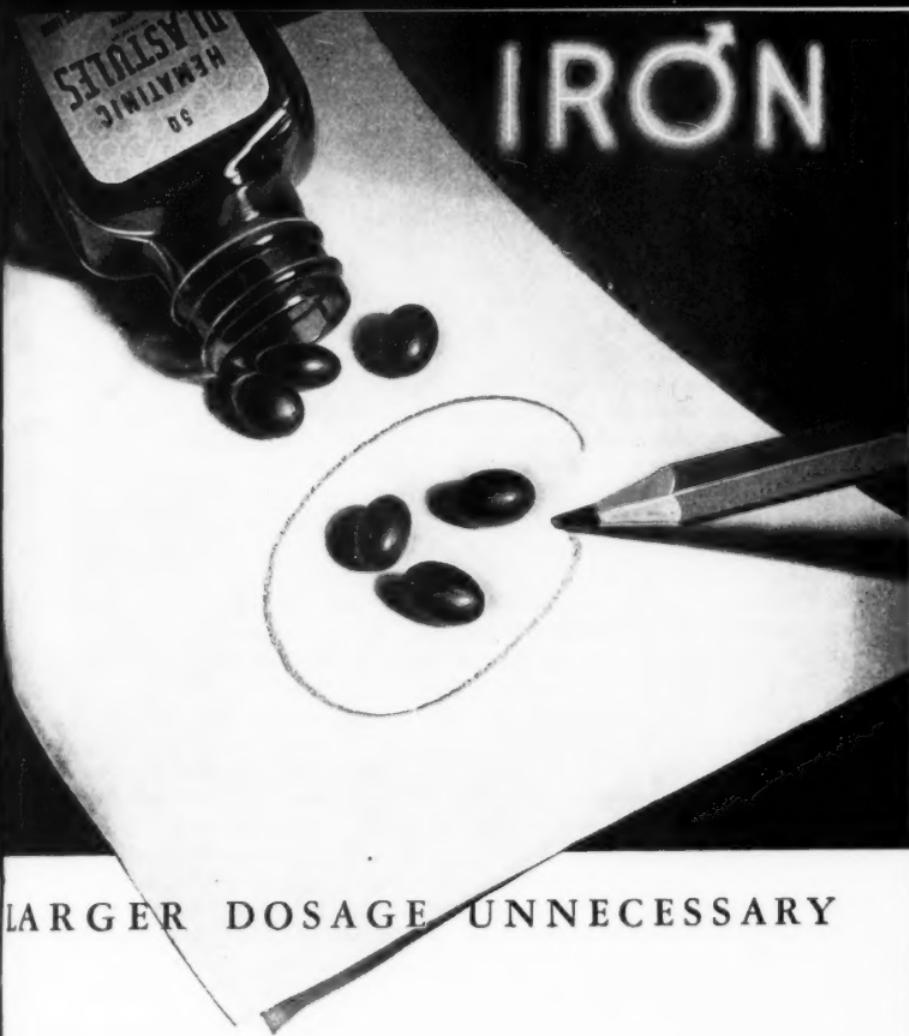
Dr. Brooks' career illustrates not only the wisdom of humanized specialization, but also the danger of any trend toward standardized

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practice. In his book, *Functional Disturbances of the Heart*, he warned, "... we must remember that we cannot standardize the treatment of these cases but rather that we must in each instance make our study individual, and directly applied to the characteristic frailties of the particular patient..."

Here theory and practice spring from a common source. Each patient presents an individual problem, and each must be made to feel he is receiving individual treatment.

If the laity is to remain convinced of the dangers of bureaucratic medicine, it must be, in part at least, due to the personality of private practice, Brooks believed. His handling of his patients is an excellent example of how this medical manner, so reassuring to the patient, should extend to the specialties as well as to general practice.

Brooks' aversion to all forms of state medicine rested on the importance he attached to the personal relationship between patient and physician. He stated his professional creed in his summation of the career of Dr. John Erdmann: "I learned from him to study, not only the cases, but patients also. I found that he was concerned, not

only with the obligations of the physician to the person and patient, but also with the greater problems of public responsibility, and with professional and institutional loyalty."

No matter where a cross-section view of Brooks' theory and practice is taken, the professional and the personal are inseparably blended. Although his practice was large and he was much in demand as a speaker, writer, and consultant, he brought to a successful city practice the homely wisdom and consideration of the country doctor. He foresaw the perils of socialized medicine and realized the inability of the state doctor to compete with the family friend and adviser.

Brooks' admiration for the country doctor is illustrative of this insistence on personal coloring of professional conduct. "For one thing," Dr. Moorhead writes in his biography, "he had to rely on his own diagnostic skill when far removed from the facilities of hospital and laboratory—and individual diagnostic skill was one of the big tenets in Brooks' medical creed. Brooks also recognized the value of the personal approach possible to doctors in small communities."

The implications of Brooks' ca-

AS A SUMMER REMEDY

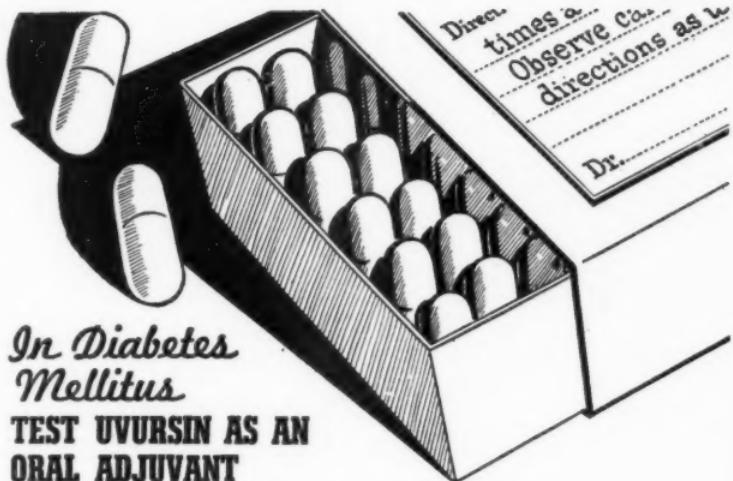
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reer offer an arresting reminder that too rapid medical progress along highly specialized lines can prove harmful to the profession as a whole if it means a growing detachment on the part of the physician from the problems of each patient. Brooks employed the personal warmth of what the laity considers the old-fashioned doctor to prevent a cold atmosphere of scientific aloofness from making his patients uncomfortable.

While "mushroom" specialists and state doctors are being widely discussed, Brooks can well be cited as an example of the practitioner who was not only an expert in his field but who represented at the same time a type which no federalized system could develop.

—JOHN D. WEAVER

Bank utilized as collection lever

I WAS FACED with a collection problem recently that called for something more than the usual form letters.

A patient needed an operation. To finance it, a "responsible party" signed a series of notes. These were to fall due every month, beginning two months after the operation.

It was the old, old story. The "responsible party" turned out to be irresponsible. He made no effort

to pay the first few notes. He did not even answer my letters.

Finally I wrote him as follows:

Dear Mr. C:

Your notes have been turned over to the collection department of the D..... Savings Bank. Your payments will be made there. Please remember that interest is accumulating on those payments which are overdue.

It was an alarmed Mr. C. who telephoned my office early the next morning. He made it clear that he didn't want to "mess around with no bank." Instead, he proposed to pay me a small amount every week.

I agreed—provided he paid promptly. Otherwise, I added, I would be forced to report him to the bank.

The next Saturday morning he appeared and started his payments. I had no further trouble with him. He paid every week until the entire amount was collected.

Actually, of course, the club I shook over his head was a paper one. He was not aware that banks don't write collection letters. He didn't know that they merely accept payments on notes they hold.

Most people, I've discovered, have a healthy respect for banks. In some mysterious fashion, they imagine, banks can cause them considerable trouble if they don't pay up. Therefore, the mere mention of a bank holding their notes often stimulates action where it otherwise might not be forthcoming.—SAMUEL S. SCHAFER, M.D., Houston, Texas.

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500 UNITS of VITAMIN D in addition to other YEAST VITAMINS

FOR THE UNDER-PAR PATIENT

Buffalo, N. Y. NATIONAL INSTITUTE OF NUTRITION Los Angeles, Calif.

SAY BANDAGE

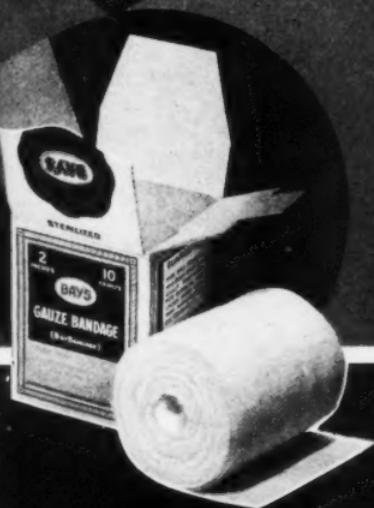
If you could write a prescription for gauze bandage, it would read like this:

LOCAL BAY'S DRESSINGS

Re: Non-ravel edge that does
not shed end threads
Woven of yarn of the proper
twist for maximum strength
and absorbency
Conveniently
packaged



You can write "BAYBANDAGE" and have your prescription filled every time in the same way under precise methods of control that guarantee uniformity. BAYBANDAGE is available in all standard forms at no extra cost. Buy it from your surgical dealer.



THE BAY DIVISION
PARKE, DAVIS & CO.
BRIDGEPORT, CONNECTICUT

Keeping posted on post-mortems

A simple way to boost the autopsy rate in your hospital

FACED with an autopsy rate far too close to the minimum required by the A.M.A., Dr. B. J. Fitzgerald, chairman of the intern committee at St. Joseph's Hospital, Chicago, decided not long ago to do something about it. He conceived the idea of keeping a "post" book, or record of all autopsies attempted or completed.

The success of the scheme has been notable. The month preceding its inauguration, there were nine deaths and only two autopsies. Next month there were ten deaths and nine autopsies. Since then the ratio has continued good.

The "post" book is an ordinary, inexpensive, 8" x 12" ledger. In it are inscribed the name and date of each hospital death, plus the name of the attending physician and of the intern on the case. The intern is required in each instance to write a summary of his efforts to obtain permission for an autopsy—followed by the results of those efforts. The book is kept by the record librarian and is a part of the regular hospital records.

Included in the intern's summary are the following: whether the possibility of a "post" was discussed with the relatives; whether the attending physician participated in the discussion; if permission for a "post" was obtained, what line of reasoning was advanced to secure it; if it was refused, the grounds

for refusal; whether the undertaker, by lack of cooperation, prevented the "post."

The advantages of the book are many. For example, both the intern and the attending physician realize that there is a written record of their efforts to secure autopsies. They know that this record is kept for comparison. Each, therefore, exerts himself to the utmost in the attempt to secure permission. This plan also eliminates to a marked extent one of the chief impediments to a high necropsy rate: the tendency of the attending physician to shunt the responsibility for getting a "post" onto the intern; and the tendency of the intern to let the matter slide.

By means of this "post" book, a check is likewise kept on the undertaker. If it is found that his lack of cooperation is consistently preventing autopsies, pressure can be brought to bear more easily when there is a written record of the facts.

Since the "post" book explains how in each case permission for the autopsy was secured or on what grounds it was refused, new interns find it a valuable text. There they can find résumés of the many stock arguments against autopsies, and the reasoning advanced by their predecessors for refuting those arguments.

Last year, about half the council-approved hospitals of the country autopsied less than 30% of their deaths. One of the chief difficulties reported was that of uniting the efforts of interns and attending physicians in securing autopsy permission. The "post" book described here is a step toward the solution of the problem.

MEDICAL PATENTS

3. PATENT CONTROL BY MEDICAL SOCIETIES, UNIVERSITIES, AND GOVERNMENT

Are holders of medical patents to be regimented under the control of a central agency in Chicago? Or will medical patenting continue to be a matter of individual discretion? The issue faces an early decision, as pointed out in this article, the third in a series of three.

A NATIONAL CONFERENCE on medical patents and patenting is being planned as this issue of MEDICAL ECONOMICS goes to press. The purpose of the conference is to determine ways and means by which medical patents generally can be controlled and administered. The meeting will be held under the auspices of the American Medical Association, at its Chicago headquarters.

Following publication of April MEDICAL ECONOMICS, in which the first of this series of articles on medical patents appeared, the A.M.A. Board of Trustees recommended the early formation of a coordinating and standardizing agency. It suggested that a roster of medical patent holders be compiled and that all those on the list receive invitations for the Chi-

cago conference at which the new agency would be discussed.

Meanwhile, at the A.M.A. convention in San Francisco this month, the House of Delegates will gather for its annual session. It is not unlikely that medical patents will receive serious consideration at that time also.

Intermittently, since 1914, various A.M.A. committees have been appointed to study the medical patent problem. So far, little has been accomplished. Within a year or so, however, patents on a number of important discoveries will expire.

Whatever action the association intends to take in the matter must, therefore, be taken promptly.

Quite the most radical innovation yet suggested for controlling medical patents is the A.M.A. patent pool proposed by Dr. Morris Fishbein, association spokesman. Five years ago he announced the idea in these words:

"Conceivably the best interests would be served if some central body might be developed, wholly altruistic in character, capable of administering medical patents for the benefit of the public, and assuring a reasonable remuneration to the investigator, the devotion of much of the profit to research, and adequate return to manufacturers willing to develop quantity produc-

tion and distribution in an ethical manner."

Four years after the foregoing suggestion had been made, it developed into a concrete proposal. Dr. Fishbein announced it at the annual meeting of the American Chemical Society in Rochester, N.Y. on September 7, 1937. Said he:

"To this holding corporation inventors might assign the patents taken out by them, with the understanding that the holding corporation would administer the patents within the limitations suggested and that the expenses of administration, with suitable royalties to investigators, universities, research institutions, or other bodies, might be derived from the income available through licensing of corporations to manufacture products under the patents. . .

"Our new order of living in the machine age, the development of specialization in medical practice, the incorporation of great industries for the exploitation of discoveries made in laboratories, and similar factors emphasize the need for some revision in the medical point of view concerning medical patents. The control of such patents by universities has to some extent assured standardization of produc-

tion; usually only reputable firms capable of developing and exploiting products honestly are granted licenses to participate in the manufacture and sale of products controlled by the universities, although there are glaring exceptions.

". . . it is obvious that the entire trend of the times is toward the holding and control of patents, both medical and non-medical, by educational and research institutions in order to provide suitable administration of the discoveries for the benefit of the public..."

It is difficult to envision the colossal size and power of the holding corporation to which an A.M.A. patent pool would give rise. The regimentation of industrial facilities which such a plan suggests would be virtually unprecedented.

Could an A.M.A. patent pool conform with Dr. Fishbein's own definition and be "wholly altruistic in character, capable of administering medical patents for the benefit of the public"? MEDICAL ECONOMICS recently sounded out a number of physicians on this question. The prevailing answer was "No."

Said a Pittsburgh practitioner:

"I see no more reason for assigning medical patents to the A.M.A.

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Dreyer, I., and Reed,
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*Arch. Phys. Therap.,
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Varley, Roger T.: Man-
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Illinois M. J. Vol. 71,
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than for assigning a copyright to the association."

Said a Bostonian:

"Bias, prejudice, and dilatoriness might well be expected. I cannot think of any one organization that could be depended upon to administer medical patents with impartiality and benefit to all concerned."

Said Dr. William Gettier Herrman, president of the Medical Society of New Jersey:

"The American Medical Association. . . could determine which firms should be allowed to manufacture the article. But the patent, to my mind, should not stand in the association's name. Nor should the association, rather than the individual physician, receive the royalty."

Other comments from different parts of the country reflected similar opinions. For example:

"I do not believe in centralizing power too much."

"I cannot see where any great gain would result from having all medical patents under the control of the A.M.A."

"Under the patent pool plan, a medical inventor would pay the costs of patenting his discovery himself. When he had clear title to it,

he would give up his rights to the A.M.A. The association would then decide how much royalty was good for him—after 'administrative expenses' had been deducted. Association officers would also decide which firms to reward with licenses. Thus the control over physicians, commercial firms, and other institutions involved would be complete."

One of the things needed by physicians, said an editorial in the *New England Journal of Medicine* not long ago, is an "opportunity for determining the competency of the American Medical Association to hold and control medical patents, as suggested by Dr. Fishbein."

Added the *New York Times*, in an editorial on the same topic: ". . . there is no evidence that a virtually monopolistic control by a single medical organization of all meritorious patents taken out by physicians and professors in universities is desirable."

While patent control by the A.M.A. would be a new departure, the administration of patents by universities is a well-established practice. Commonly known, for example, is the fact that insulin is controlled by the University of Toronto; that the Doisy theelin

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"Swartz and Reilly, 'Diagnosis and Treatment of Skin Diseases,' pp. 86-87.

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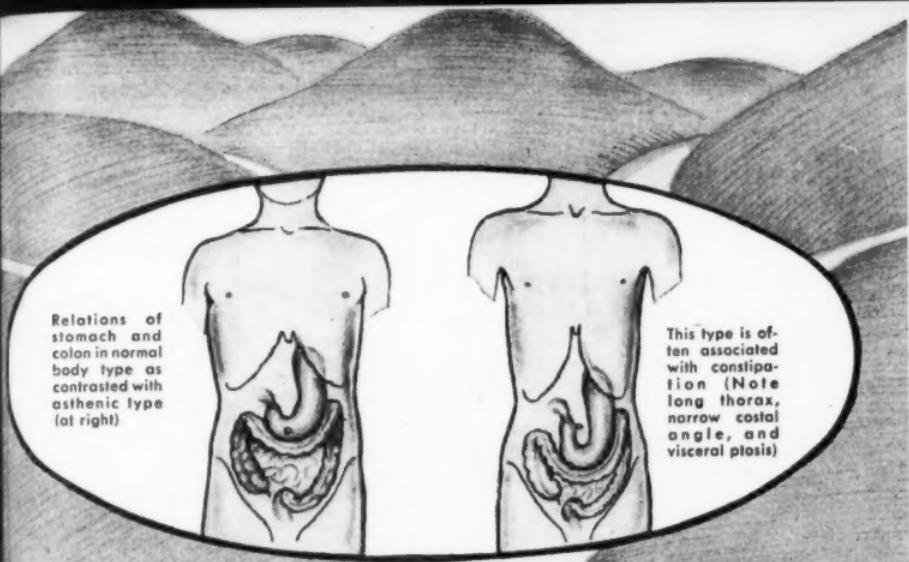
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patents are controlled by St. Louis University; that scarlet fever preparations are controlled by the Scarlet Fever Committee, Inc.; and that irradiated vitamin D preparations are controlled by the Wisconsin Alumni Research Foundation.

Profits derived from these university patents are applied in most cases toward further research. For example, the iodo-bismitol patent which Stanford University controls helps finance research in the institution's medical school. Proceeds from patents controlled by the University of Minnesota are likewise applied toward the support of research.

One of the outstanding examples of patent control by a university is the Wisconsin Alumni Research Foundation, already mentioned. This organization, founded in 1925,

is a model for many similar projects. It operates like this:

Control of patents, rights, royalties, and investments rests with an alumni group. This is dissociated from the university administration.

Royalties are regarded as capital and are invested, not spent. All income above operating expenses goes toward research.

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The suggestion has been made from time to time that medical patents be controlled, not by medical societies or universities, but by the government. Several good reasons have been advanced, however, against government control. In the first place, the government

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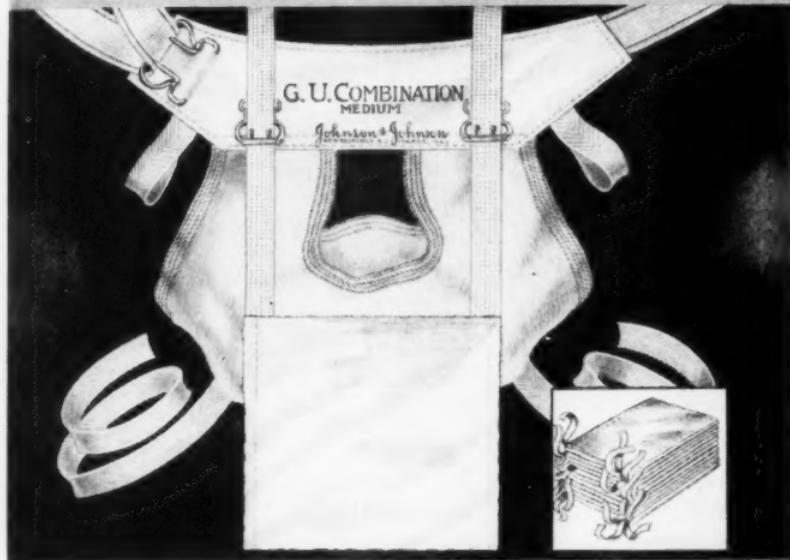
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has made no effort and demonstrated no ability to maintain such control. The Patent Office has granted patents on all manner of quack devices from tapeworm traps to goitre-curing necklaces.

The Patent Office does not rule on the merit of inventions and has no facilities for testing them. It relies for the most part on the affidavits of the applicants themselves.

Therefore, several observers have pointed out, if safeguards are to be erected against the exploitation of fraudulent and unsound medical discoveries, a far more efficient control system is necessary than the Patent Office now possesses.

Discussing the possibilities of federal and state control in *The U. S. Patent Law System*, Richard Spencer has expressed his opinion as follows:

"No objection exists to conferring upon the government the right to hold patents. . . so long as a provision is included which will prevent the government from entering into business competition with private individuals. . . The authority to grant exclusive licenses is, however, too despotic and all too subject to misuse and abuse in application to be put in the hands of the government, especially when there is no outstanding reason for it."

—WILLIAM ALAN RICHARDSON

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ARTICLES

MEDICAL CARE—BUT HOW? by Gertrude Sturges, M.D. A discussion of present facilities for medical care of indigents. (*Survey Midmonthly*, May, 1938)

THE STATUS OF BIRTH CONTROL: 1938, by Margaret Sanger. (*New Republic*, April 20, 1938)

BOOKS

THE HIPPOCRATIC OATH, by Edgar L. Dittler, M.D. A novel about the medical profession. (Liveright, \$2.50)

WILLIAM ALANSON WHITE: THE AUTOBIOGRAPHY OF A PURPOSE. The life story of one of America's leading psychiatrists. (Doubleday, Doran, \$3)

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INFLATION—

AND WHAT TO DO ABOUT IT

BY FRANK H. McCONNELL

INFLATION is like an elephant. As a servant, it is useful. As a master, it is five tons gone mad.

The country has been drifting inflationward for some time. A milestone was passed just recently when Mr. Roosevelt announced his \$5,000,000,000 spending program. This enterprise—one of the most ambitious undertaken by the New Deal—is intended to save us from being poor by spending money to make us rich.

Reduced to its simplest terms, inflation means artificial expansion: an artificial process of raising prices, increasing the volume of money in circulation, multiplying the government debt, and, of course, increasing the Treasury deficit.

Will such artificial expansion restore economic health?

Benjamin Franklin, in his *Poor Richard's Almanac*, would have answered "No." His doctrine was the homely one that you should cut the cloth to fit your purse.

But times have apparently changed since then.

Men who know inflation at first hand are rare. One of the best informed of them is Dr. W. S. Landis, vice-president of the American Cyanamid Company. His organization sent him during the early 1920's to

Germany, Poland, Austria, and France, at the time when those countries were undergoing inflation of a revolutionary character. Dr. Landis has continued his studies since then, returning just recently from another trip through Europe.

"How can the average physician best protect his savings during an inflationary period?" I asked him a few days ago.

"There is no sure-fire hedge against inflation," he replied. "Real estate is good, of course. It is something sound and solid; something you always have. It represents a true value, regardless of price fluctuations. Commodities, such as wheat, cotton, or wool, are also good since you can always convert them into cash. The common shares of certain companies are likewise worth having. However, this calls for a warning: It is a mistake to think that during an inflation stocks rise in intrinsic value. Most of them actually decline in value, although they do not appear to because their prices go higher."

Dr. Landis' warning is well taken. *Price* and *value* are as distinct as the North and South Poles. Prices are determined by the quotient called money: They are high when the purchasing power of money is low, and they are low when the purchasing power of money is high. Suppose a sack of

wheat now costs \$1. A month from now it may bring \$2. Clearly, the price has doubled; but the *value*—the sack of wheat—remains the same.

It was during 1922 and 1923, when the German mark took its well-known nose-dive, that Dr. Landis began his study of the conservation of capital under inflationary conditions. Some of the results of this study, which he outlined to me when I called on him, give an important clue to physicians who realize the trend toward inflation in this country and are wondering which securities to favor and which ones to avoid.

"I will show you a record of a number of the best German companies—companies with the highest rating," said Dr. Landis. "In the following table, assume 100 gold

marks were invested in each common stock June 2, 1914. All rights (such as stock dividends, etc.) are taken up and added to the original investment. These stocks were valued on the same gold basis October 12, 1926, as shown in the second column of figures below." The table follows:

	Total Investment	Worth in 1926
German General Electric	101.86	14.87
Heidelberg Cement	110.40	74.47
German Potash Corp.	102.15	24.10
August Wessels (shoes)	168.58	18.21
Daimler (autos)	120.03	13.72
Dueg (chemicals)	106.03	157.94
Hockst Dye Co.	118.52	154.97
Harpener Mining Co.	100.00	97.00
German Luxemburg Mining Co.	100.00	87.00
Rhein Brown Coal Co.	105.21	114.14
Mannesman (steel)	101.55	67.40
Griesheim (chemicals)	126.91	215.10
Hamburg American Line	100.00	40.20
German Rwy. Operating Co.	102.61	93.00
Dessau Gas Co.	125.97	85.00
Dortmund Brewery	103.81	80.00
Electric Light & Power	106.70	47.00
Kaisseroda (potash)	100.00	140.00
Ewald (potash)	100.00	114.00
Deutsche Bank	106.32	19.00
Disconto Bank	106.47	29.00
Dresdener Bank	109.51	30.00
S. German Discount Bank	104.86	26.00
Frankfurt Mortgage Bank	100.02	11.50
Prussian Central Agricultural Bank	100.01	11.50
Total	2,727.52	1,765.12

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Although the shares of some companies in inflation-favored industries gained appreciably, the average decline was decidedly unfavorable to the investor. Indeed, the shares above—a representative group—dropped in price after inflation to less than 65% of their original price in 1914. Generalizing on the basis of the figures given, we find that bank stocks, railroad shares, and public utility issues do not react well under inflation. Those mentioned companies which chalked up the best record were in the chemical, dye, and coal industries.

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"What type of shares, in your opinion, constitute the best insurance against inflation," I asked Dr. Landis.

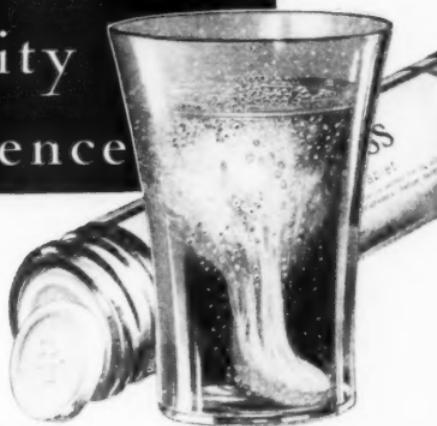
"Generally," he replied, "and with such exceptions as those already noted, I would say the common stocks of companies with large investments in real estate, manufacturing facilities, and other property. The assets of such concerns are tangible. You can put your hands on them. Hence their attractiveness during a period when currency is dissolving."

In France, where inflation was not so severe, the record of individual companies was nevertheless similar to that of German concerns. Banks, life insurance companies, public utilities for earlier portion of period, and railroads—all subject to government regulation—fared rather badly. On the other hand, companies with large property holdings—except those restricted by rate regulation or government control—did moderately well. It does not seem unreasonable, therefore, to expect a similar reaction as the trend toward inflation becomes more pronounced in the United States.

Allowances must be made, of course, for special conditions. Take, as an example, the automobile industry in Germany and France. It did not measure up nearly so well as some of the other industries. But it was then in its infancy. No doubt it would have done better had not the companies in the field

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ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 1270 Broadway, New York, N. Y.
• BELIEVES THE SYMPTOMS
Sample and Formula Mailed on Request

Buffer Alkalies Palatability Effervescence



Alka-Vess

A balanced formula of the buffer saline alkalies presented for the convenience of your patient in an accurate, quickly soluble, effervescent tablet.

When you consider alkalization to be an important adjunct to your regimen of treatment as for example in acute infections, fevers, urinary infections, allergic skin conditions, diarrheas, summer dehydration, may we suggest the superior pharmaceutical elegance and merit of Alka-Vess.

Each tablet contains calcium di-hydrogen phosphate 3 grs.; potassium bicarbonate 1 gr.; magnesium sulphate (dried) 1 gr.; sodium chloride 1 gr.; citric acid 19 grs.; sodium bicarbonate 31 grs.

In convenient tubes of 25 tablets

EFFERVESCENT PRODUCTS, Inc.
ELKHART, INDIANA

GONOSAN

for URINARY INFLAMMATION

BLAND-ANALGESIC DEMULCENT

To the palliation of distressing symptoms, Gonosan (Kava Santal "Riedel") applies the sedative, demulcent, anti-phlogistic properties of purest East Indian sandalwood oil (80%) and the anaesthetic action of selected kava-kava resins.

Acute and Chronic Cystitis: A noted urologist, speaking specifically of Gonosan, stated that, "In cystitis especially, it acts as a sedative to the vesical nerves, causing the dysuria to vanish."

Gonorrhea: Gonosan reduces the discharge, minimizes pain, soothes irritation and checks chordee. It inhibits the development of the gonococcus and tends to limit the spread of infection and complications.

NON-TOXIC

Unlike the reported experiences of newer preparations, there has never been a single instance reported of grave toxic reactions from Gonosan (Kava Santal "Riedel") in the many years it has been prescribed by the profession.

INDICATIONS

Gonorrhea, Cystitis, Vesical Catarrh, Prostatitis, Epididymitis, Urethritis, Ureteritis, Pyuria, Pyelitis, Pyelonephritis, Nocturia, Post-instrumental pain.

RIEDEL & CO., Inc., Brooklyn, N. Y.

WELL TOLERATED

been burdened down with unduly heavy obligations due to natural plant expansion; they had to borrow money at high interest to build manufacturing plants, etc.

Property of almost any description was the one thing people wanted above all else. In Germany and Austria, stock-brokers bought plows while farmers bought jewelry. As long as they could get rid of their money and put it into tangible assets, they felt reasonably safe.

During the height of the 1922-1923 inflation in Germany, money cheapened so rapidly that some factories had to pay their employees twice a day. They even allowed them extra time off from work so that they could immediately exchange their money for goods and have something to show for their labor.

It is not expected, of course, that inflation will achieve such momentum in the United States. Germany, worst hit by inflation of any country in the post-war world, had lost its supply of gold when inflation came. It also lacked minerals and foodstuffs, depending upon imports to keep its factories running. The United States, by contrast, is a self-contained country with abundant supplies of gold.

"Our position," Dr. Landis said, "is almost the direct opposite of the German position. Inflation will not hurt us nearly so much as it did Germany."

Asked how far he thought inflation might go, Dr. Landis could give no answer. In fact, it is probably safe to assume that his own guess—were he willing to hazard an estimate—would put the probable degree of American inflation

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This is the drink that studied

NUTRITION

**LOOK AT ITS
LABORATORY
REPORT CARD**



	1 Ounce of Cocomalt contains	1 Glass of Milk (8 Liquid Oz.) contains	Thus, 1 Glass of Cocomalt and milk contains
IRON	0.005 GRAM	•TRACE	0.005 GRAM
VITAMIN D	134 U.S.P. UNITS	*SMALL AMOUNT; VARIABLE	134 U.S.P. UNITS
CALCIUM	0.15 GRAM	0.24 GRAM	0.39 GRAM
PHOSPHORUS	0.16 "	0.17 "	0.33 "
PROTEIN	4.00 GRAMS	7.92 GRAMS	11.92 GRAMS
FAT	1.25 "	8.53 "	9.78 "
CARBOHYDRATES	21.50 "	10.97 "	32.47 "

★Normally Iron and Vitamin D are present in Milk in only very small and variable amounts.

† Cocomalt, the protective food drink, is fortified with these amounts of Calcium, Phosphorus, Iron and Vitamin D.

WITH a "report card" like this, it's no wonder that Cocomalt has won wide acceptance among Physicians and Hospitals as the *protective food drink*. Each ounce-serving provides vital food essentials commonly lacking in the normal diet. But more. Cocomalt goes two careful steps farther.

Insuring that the extra Calcium and Phosphorus in Cocomalt will be readily "available" to the patient, it also provides a clinically measured quantity of Vitamin D, derived from natural oils and biologically tested for potency. And to make sure that the 5 milligrams of Iron in each ounce-serving of Cocomalt is "effective", that Iron is biologically tested for assimilation.

Cocomalt is inexpensive. Obtainable in 1/2-lb., 1-lb., and the economical 5-lb. hospital size purity-sealed cans at grocery and drug stores.

3 TIMES A DAY WITH MEALS

Many Physicians have commented favorably on the "prescription" advantages of Cocomalt. With it, patients can drink the nutrition they need. As a beverage, Hot or Cold, Cocomalt has a distinctive flavor that appeals to young and old alike. It combines to add milk to the dietary.

*Cocomalt is the registered trade-mark
of R. B. Davis Co., Hoboken, N. J.*

FREE TO PHYSICIANS

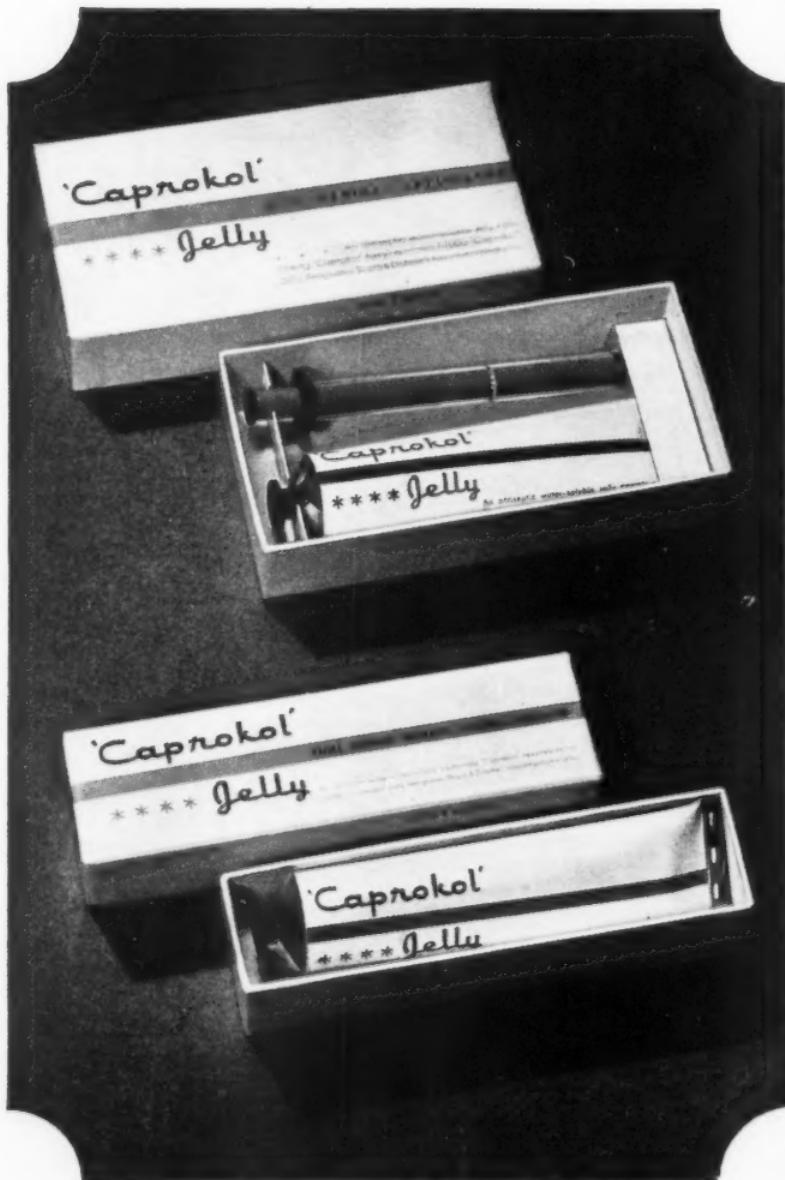
R. B. DAVIS CO., Hoboken, N. J.,
Dept. 13-F.
Please send me FREE sample of
Cocomalt.

Doctor _____

Street and Number _____

City _____ State _____

Announcing 'CAPROKOL' JELLY



JELLY... an antiseptic

jelly especially designed for vaginal application

'Caprokol' JELLY is a new dosage form of 'Caprokol' hexylresorcinol based on the ten-year laboratory and clinical background of this chemical. In the general application of hexylresorcinol as an antiseptic and protozoacide, it has been found particularly applicable for use in the vagina.

The germicidal activity of 'Caprokol' Jelly is demonstrable either full strength or in dilutions normally encountered in the vaginal tract. Being miscible with water and the vaginal secretions and possessing low surface tension, it spreads over the folds and into the interstices of the vagina.

'Caprokol' Jelly is particularly valuable in the treatment of

Trichomonas vaginalis vaginitis. Clinicians have found it effective in the prompt eradication of the infestation. The vaginal applicator for use with 'Caprokol' Jelly is designed to accurately deliver 5 cc. of the Jelly. It is suggested that an application of 5cc. be made twice daily for five to ten consecutive days.

'Caprokol' Jelly is supplied in two packages: No. 75 (a three-ounce collapsible tube with syringe-type vaginal applicator) and No. 80 (a three-ounce collapsible tube refill package without applicator).

*Literature
upon request*

PHARMACEUTICALS



MULFORD BIOLOGICALS

Philadelphia

SHARP & DOHME

Baltimore

at one quarter to one half that experienced by France. The French franc, it will be remembered, lost about four fifths of its original value.

Judging from foreign experience, said Dr. Landis, bonds are not a good barrier against inflation. Not that holders of U. S. Government and other prime American bonds need worry unduly, he added. Because banks holding U. S. Government bonds can always turn them in for one hundred cents on a dollar; and there is every likelihood, besides, that since the administration is committed to an easy-money policy, it will stand squarely behind the government bond market, thus bolstering both government bonds and other bonds of comparable status.

The sense of Dr. Landis' comment was that holders of good bonds may well retain them for the time being, but that as inflation grows nearer, such commitments had best be reduced.

"In my opinion," Dr. Landis said, "the soundest bonds to buy during an inflation are convertible or warrant bonds." These bonds may be exchanged, at the holder's option, for common shares of the

company which issued them.

To the man who wants a security which ranks above the common stock yet has some of the advantages of the latter, convertible bonds offer considerable attraction. Should inflation reach the acute stage, the holder of such a bond has the advantage of being able to turn it in and take out stock in place of it.

Summarizing his discussion, Dr. Landis said that inflation will inevitably bring higher prices. Physicians' supplies and equipment are bound to go up. Likewise rentals and the other costs of engaging in practice.

At the same time, of course, income will also increase. Whether the two—rising costs and increasing income—will keep pace is a moot question. It will depend entirely upon the degree of inflation that the country experiences.

"So long as the government budget is out of balance," said Dr. Landis, "inflation is with us. The only way to stop it is to balance the budget. Consequently, the government's new program which calls for spending \$5,000,000,000 can mean nothing else but added inflation."

[Turn the page]

MICAJAH

Micajah's Medicated Wafers for leukorrhea gave dependable results long ago. And now, over a half century after being introduced, Micajah's Medicated Wafers are still winning new medical friends every day.

In Leukorrhea: MICAJAH'S MEDICATED WAFERS soothe the sensitive membranes and shrink congested tissues. Because of their astringent, styptic properties the distressing discharge soon ceases. Physical comfort is the result.

One Wafer inserted high in the vagina after a douche. Try MICAJAH'S when next called upon to treat this distressing condition.

Samples to the medical profession exclusively.

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DURING summer months outdoor activities cause many minor injuries for which physicians require an antiseptic. **MERCUROCHROME, H. W. & D.**, satisfies your antiseptic requirements. Tablets or powder provide convenient means of preparing stock solutions. Solutions do not deteriorate, providing for economy in use.

Mercurochrome is antiseptic, non-irritating and non-toxic in wounds. It has a background of eighteen years of clinical use.

A medical booklet supplying complete information about Mercurochrome (*dibromo-oxymercuri-fluorescein-sodium*) will be sent to physicians on request.



Every "H. W. & D." product is investigated and proved, chemically, bacteriologically and pharmacologically, in our laboratories, and is clinically accepted before marketing.

HYNSON, WESTCOTT & DUNNING, INC.
Baltimore, Maryland

Naturally, there is always the possibility that the government will not spend this entire sum, that its concomitant plan to relax bank credit and force banks to find outlets in the field of business for their surplus funds may cause industry to go ahead of its own accord. If it does, the slack may be self-adjusting; jobs may be created for the unemployed in sufficient volume to ease the strain on Washington.

Despite these possibilities, however, present signs point to still more inflation in the months ahead. Investors will do well to increase their holdings of common shares, real estate, and other tangible property, meanwhile reducing their holdings of bonds.

Time to re-register under narcotic act

WHAT DOES July 1 mean to you? The coming of the "dog days"? Time to lock the office and trundle off to the mountains or seashore? Perhaps. But it's also the deadline for registration under the Harrison Narcotic Act. If you forget this prelude to prescription, you may

be fined as much as \$2,000, spend the next five years in jail, or both.

To freshen your memory, MEDICAL ECONOMICS prints the following questions and answers covering this annual obligation:

Who must register?

Every person who dispenses or gives away opium or coca leaves, or any compound, manufacture, salt, derivative, or preparation thereof.

What is the registration deadline?

July 1 each year.

Where to register?

At your district internal revenue collector's office. Direct all correspondence there.

Is there a fee?

Yes—\$1. Remittance must be sent with the application. It is payable in cash, certified check, or money order.

What is the procedure for new registrants?

Comply first with the state narcotic law and obtain a state license number. Register with your county clerk and secure a county clerk's certificate. Fill out in full Internal Revenue forms 678A and 713. Sign these forms and have them notarized. Submit to your district Internal Revenue Collector the fol-

Now available in U.S.P. Clinical Units

The official method of standardization enabling physicians to gauge therapeutic response in terms of an accepted standard.

The Choice Treatment of PERNICIOUS ANEMIA IS PARENTERAL INJECTION

ENDO LIVER EXTRACT is particularly suitable for patients who are unable to retain liver extract orally.

Supplied in 1 cc ampules
Each cc representing 10 U.S.P. injectible
units in boxes of 12-25 and 100.

A New LIVER EXTRACT

10 U.S.P. CLINICAL
UNITS in each cc

Informative literature on request.
ENDO PRODUCTS, Inc.
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EST. 1841

In the Anemia of Pregnancy

1. Iron-deficiency anemia is particularly prevalent among pregnant women.
2. Iron-deficiency anemia responds rapidly to adequate doses of iron.
3. Obstetricians and hematologists now recommend the routine administration of iron to all pregnant women as a prophylactic measure.
4. Ferrous sulfate is the most efficient form of iron. Grain for grain it is some ten times as effective as iron and ammonium citrates, and some five times as effective as Blaud's pill.
5. Each Feosol Tablet contains 3 grains ferrous sulfate exsiccated, with a special vehicle and coating to prevent oxidation and promote disintegration.

FEOSOL TABLETS

AS A TONIC

When a tonic is indicated

Eskay's Neuro Phosphates

is of proven value.

ESKAY'S NEURO PHOSPHATES

IN RESISTANT CASES OF ARTHRITIS

The dosage may be increased according to the tolerance of the patient. Prescribe

OXO-ATE "B" 40's

**SMITH, KLINE & FRENCH LABORATORIES
PHILADELPHIA, PA.**

Speed Convalescence with Heptogene



The beneficial action of liver concentrate, iron, copper, calcium and the Vitamin B complex multiplied many times over by their uniquely balanced combination in Heptogene*

HEPTOGENE FORMULA

Each tablet represents approximately—

LIVER EXTRACT (Wilson) 2 2-5 grains
(3100 mgms of fresh liver)

which acts as an appetite stimulant especially desirable when the anemia patient has a pronounced anorexia.

IRON ALBUMINATE . . . 1 2-3 grains
made with fresh egg albumin which is remarkably free from iron astringency.

COPPER BIOBASIC . . . 1-100 grains
the ratio of copper to iron is exact which guarantees the patient effective iron utilization without any excess to cause irritation.

CALCIUM GLUCONATE . . . 1 1-5 grains
which is of special importance in pregnancy anemia usually concomitant with calcemia.

Vitamins—B (2 Sherman units)
6 (10 Sherman units)

Literature and samples on request

*See N. Y. State Jour. Med., 37: 1283, 1937; Idem, 37: 1446, 1937; Jour. of A. M. A., 109-11: 908, 1937.

BIOBASIC PRODUCTS, INC.
Rockefeller Center, New York City

lowing: forms 678A and 713; the county clerk's certificate; the \$1 registration fee; and a list of two or three references and their complete addresses.

How to re-register?

Fill out in full Internal Revenue forms 678 and 713. Sign these forms and have them notarized. Submit them, with the \$1 re-registration fee, to your district Internal Revenue Collector.

Any cautions?

Yes. If you pay your \$1 fee by check, be sure to submit a *certified* check. Answer *all* questions on the forms. If you have no inventory of narcotics, write "No narcotics on hand" on form 713. In case of any doubt about the proper procedure to follow, query your district Internal Revenue Collector, or request a copy of Treasury Department Regulations No. 5, relating to narcotics. The collector can also supply all forms needed. Register promptly to avoid disciplinary action; the Commissioner of Internal Revenue is tightening up sharply on this requirement.

Payment-dodgers stymied

A favorite trick among payment-dodgers is to offer the doctor a bill of large denomination in settlement for a night call. They know that securing change at a late hour, especially in the country, is often impossible.

Hence, the wisdom of carrying a checkbook.

When the would-be deadbeat passes over a \$20 bill, don't refuse it. Instead, write him out a check for the difference. Tell him that it will be honored at your office or anywhere else in town. Then watch his expression change!—WALTER L. O'NAN, M.D., Henderson, Ky.

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XUM

"OBJECTIVE and SUBJECTIVE IMPROVEMENT"** in Gall Bladder Disease



The new, physiologic treatment of gall bladder dysfunction has given some most encouraging results in a high percentage of cases.

The management departs from the older concepts of treatment by providing:

1. A high fat diet
2. Frequent feedings
3. Antispasmodic therapy
4. Keto-Cholanic acids (Ketochol)

KETOCHOL

offers a combination of the oxidized, or keto form, of the bile acids normally present in the human bile (cholic, desoxycholic, chenodesoxycholic and lithocholic). Ketochol acts primarily as a choleric, improving liver function, and causing increased production of hepatic bile.

Used together with a high fat diet and other measures to facilitate gall bladder and bile tract drainage, Ketochol is proving most effective in the treatment of chronic cholecystitis, cholangitis, hepatic dysfunction, congestion and cirrhosis.

Average Dose—one tablet three times daily, immediately after or with the meal.

How Supplied—bottles of 100 and 500 tablets.

*Brown, C. F. G. and Dolkart, R. E., J.A.M.A., 108:458 (February 6) 1937.

50th Anniversary *J.D. Searle & Co.* 1888 to 1938
ETHICAL PHARMACEUTICALS SINCE 1888
CHICAGO
NEW YORK SAN FRANCISCO KANSAS CITY

HIGH
ACID-COMBINING
POWER
WITHOUT "ACID REBOUND"



The fact that Phillips' Milk of Magnesia effectively controls excess acidity and yet contains no carbonates or bicarbonates is assurance of a more lasting effect than that obtained when CO_2 is liberated in the stomach.

Where frequent antacid medication is required, Phillips' Milk of Magnesia Tablets offer the advantages of portability and convenience. Each tablet is equiva-

lent to a teaspoonful of Phillips' Milk of Magnesia (liquid).

In this new convenient form the day's dosage may be carried about in purse or pocket, and regularity of dosage is therefore assured.

Dosage:

As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).

PHILLIPS'
Milk of Magnesia

Prepared only by The CHAS. H. PHILLIPS CHEMICAL Co.
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★ THE NEWSVANE ★

U. S. EYES M.D.s INCOME

While certain long-titled New Deal committees have been searching for ways and means of upsetting the American system of private practice, the U. S. Department of Commerce has been busy finding out how much physicians make. Here are highlights from the department's recently publicized analysis of a survey conducted in 1937:

The average doctor's net income was \$5,298 in 1929; \$2,909 in 1933; \$4,143 in 1936.

The average net income of specialists in 1936 was \$6,521; of general practitioners, \$3,673.

A specialist's income fluctuates faster than a G.P.'s. EENT men, gynecologists, surgeons, internists, etc., lost money faster than general men did during the 1929-1933 economic ebb. But it came in faster for them in the 1933-1936 revival.

Up to a certain point, the longer a physician practices the more he makes. He averages \$925 in his first year; \$1,839 in his second year; \$2,747 in his third year, and so on up to \$3,693 in his seventh year. Then follow the two most lucrative decades of practice. The survey reveals that men in practice for from eight to seventeen years and from eighteen to 27 years netted just under \$5,000 in 1936.

The Department of Commerce

points out that these survey data should not be taken "precisely as being representative of the entire profession." Only about 1% of the profession submitted figures for tabulation. However, the department feels that as an indication of the physician's economic status, this survey is significant.

[Since 1929 MEDICAL ECONOMICS has conducted four national surveys of the profession's income and expenses. In the survey covering 1935, more than 4,600 doctors cooperated. That is, about 3.5% of all those in active private practice. The government's figure of \$4,143 (average doctor's net income) for 1936 demonstrates a logical increase over MEDICAL ECONOMICS' figure of \$3,792 for 1935. Other surveys by MEDICAL ECONOMICS have revealed that the average physician's net income was \$5,806 in 1928; \$5,059 in 1930; and \$3,969 in 1933.—THE EDITORS.]

FREE CHOICE VIOLATED

Eternal vigilance is the price of safety for the principle of free choice, physicians in many communities have found. Among the latest to realize this are members of the Cleveland (Ohio) Academy of Medicine and of the Medical Society of the County of Erie (N. Y.).

GLUTAN H-C-L

(Glutamic Acid Hydrochloride)

Modern HCL Therapy



A Superior Source of Gastric HCL because...

- 1—No unpleasant taste.
- 2—No sipping through a glass tube.
- 3—No irritation of the esophagus or decalcification of the teeth.
- 4—Put up in capsules which may be conveniently carried in purse, handbag or pocket.
- 5—Contains glutamic acid, a centuries old condiment. Acting with hydrochloric acid—the two produce a sense of well being after eating, novel to patients who have long suffered from anorexia due to hypochlorhydria.



Reg. U. S. Pat. Off.

The Calco Chemical Company, Inc.
Pharmaceutical Division
Bound Brook New Jersey
(A Division of American Cyanamid Co.)
Send clinical supply of **GLUTAN H-C-L**

Dr.
(Please Print)

Address

City..... State.....

ME-6

The Cleveland board of education requires that injured high-school athletes go to a designated physician if payment for required services is to be made out of board funds. Let an athlete go to his private physician, and his family must bear all expenses.

In protest, the Academy recently wrote to the board of education as follows: "The responsibility for the care of an injured athlete rests with the athlete's parents who have given him permission to play. . . It should be the duty of the school physician to return the athlete to the physician of the parents' choice, except in cases of dire emergency."

The Erie County society charges abuse of medical services provided by the city of Buffalo for members of its police and fire departments. As a corrective measure it has asked municipal authorities to order that no surgeon of the police or fire department shall give other than emergency treatment in cases that are not service-connected. Violations of this order, it suggests, should be punished by dismissal.

CONFOUNDED FEE SPLITS

"Let's have a chat—NOW!" urges the cover of a fourteen-page pamphlet handed to patients upon their admittance to St. Joseph's Hospital, Milwaukee, Wis. Its purpose is to acquaint readers with the hospital's facilities, regulations, and aims. The first major point it makes is calculated to curb fee splitting:

"You select your own physician who makes arrangements with the hospital for your care. When you are under the care of two or more physicians (for example, when the

20,000

White Rats!



To Assure Uniform Vitamin D Potency

TWENTY THOUSAND white rats were used last year in the Foundation's Laboratory to assure constant uniformity and unvarying dependability of Irradiated Vitamin D products.

FIVE THOUSAND more of these animals were required by associated laboratories who assist in the huge task of providing all Foundation-licensed products with such rigid control that they merit the confidence of every physician.

Other thousands were used in bioassays by the companies licensed under the Steenbock Irradiation Process. In their plants standardized production methods alone result in uniform quality of product that is further safeguarded by the licensees' own bioassays.

It is expensive to use 25,000 animals a year in the biological assay work where each test requires nearly four weeks to complete.

But CONTROL of the product is the measure of its reliability.

The rigid control for which the Foundation and associated laboratories used 25,000 white rats permits every physician to prescribe the Viosterol products of the Foundation's pharmaceutical licensees with full confidence, and suggests that he encourage also the greater use of Irradiated Milks and Foods as broad protective measures against Vitamin D deficiencies.

Send today for the booklets illustrated below.



Licensed Irradiated Vitamin D Products

To identify Foundation-licensed products look for the word Irradiated or the name of the Wisconsin Alumni Research Foundation. The Foundation licensees only products of definite benefit to mankind, assures rigid control and standard Vitamin D potency. Select from the list below:

VIOSTEROL and Viosterol-Fortified Pharmaceutical products of Abbott—Mead Johnson—Parke, Davis—Squibb—Winthrop.

MILKS: Irradiated Evaporated Milk; Irradiated Vitamin D Fluid Milk; Metabolized Vitamin D Fluid Milk; Dryco Powdered Milk.

FOODS: Other Vitamin-D-enriched foods include: Milk Drink Accessory Foods and special products.



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Please send me "Brief Excerpts from Scientific Literature" "Vitamin D and the Teeth". ME 638

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IS EASY TO PRESCRIBE

WHAT IS THE QUICKEST,
EASIEST AND MOST WIDELY
USED METHOD OF PRESCRIBING
LACTOGEN, PROFESSOR?

PREScribe DAILY $2\frac{1}{2}$ OZ.
OF BOILED WATER PER
POUND OF BABY'S WEIGHT.
THEN DIVIDE THE TOTAL OZS.
BY 2. THAT'S THE NUMBER
OF TABLESPOONS OF
LACTOGEN TO USE FOR
THE TOTAL DAYS FEEDING



1

EXAMPLE No. 1

INFANT WEIGHT = 10 lbs

R BOILED WATER $(10 \times 2\frac{1}{2}) = 25$ OZS.
LACTOGEN $(25 \div 2) = 12\frac{1}{2}$ LEVEL
Calories per oz. of mixture = 20
Calories per lb. of body weight = 50

EXAMPLE No. 2

INFANT WEIGHT = 14 lbs.

R BOILED WATER $(14 \times 2\frac{1}{2}) = 35$ OZS.
LACTOGEN $(35 \div 2) = 17\frac{1}{2}$ LEVEL
Calories per oz. of mixture = 20
Calories per lb. of body weight = 50



2

After the infant attains the weight of 16 lbs., it is not necessary to make further increases in the formula. The infant should continue on the formula for a 16-pound baby until the 12th month, since supplementary solid foods will supply the extra caloric needs.

NE

LACTOGEN is a spray dried cow's milk, modified by the addition of milk fat and milk sugar. LACTOGEN is the only available product made entirely from milk which, when liquefied, results in a formula approximating women's milk in percentages of milk fat, milk protein, milk sugar and minerals (ash).

LACTOGEN HAS A PLEASANT TASTE

IT IS GRATIFYING, PROFESSOR, THAT WHENEVER I HAVE A DOCTOR TASTE LACTOGEN, HE INvariably HELPS HIMSELF TO A GENEROUS PORTION!

VERY GRATIFYING, HENRY! AFTER ALL IS SAID AND DONE THE 6^{lb} REQUIREMENT OF A PROPER SUBSTITUTE FOR BREAST FEEDING IS—"IT MUST BE AGREEABLE IN TASTE!"



1



2



ADVERTISED TO PHYSICIANS ONLY

For free samples of Lactogen mail your professional blank to Dept. L-51

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155 EAST 44th STREET, NEW YORK, N. Y.

MEDICAL ECONOMICS • JUNE • 97

VEN-APIS



BEE VENOM Therapy

VEN-APIS, biologically standardized Bee Venom, is indicated for Muscular Rheumatism, Neuralgias, Acute and Chronic Arthritis, etc. Ven-Apis (Dermatique) Inunction and Ampules contain standardized amounts of the purified venom obtained from living bees. Being used by many leading clinics and institutions throughout the country. Write for booklet.

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Rochester, N. Y.
Pharmaceutical Chemists Since 1886

FULFILLS the FUNCTIONS OF A STOMACHIC DR. SIEGERT'S. ANGOSTURA

(Eliz. Ang. Amari Sgt.)

Angostura Bitters stimulates the flow of the digestive fluids secreted by the stomach, small intestines, liver and pancreas. It promotes peristaltic activity, thus counteracting belching and flatulence. Where these effects are indicated, the appetite and the assimilation of food can be greatly increased. Send for free booklet, "The Secret of our Digestive Glands."

THE ANGOSTURA-
WUPPERMANN CORP.
155 E. 44th St., New York, N. Y.

family doctor calls in a surgeon) the laws of the State of Wisconsin require that each doctor concerned shall send his own separate bill for services. . . . Rendering a joint bill to cover the combined charges of family doctor and surgeon is both illegal and unethical. We solicit your cooperation in the strict enforcement of this rule."

HEALTHIEST CITIES

Winners of the 1937 City Health Conservation Contest were recently announced. This competition is sponsored by the U. S. Chamber of Commerce in cooperation with the American Public Health Association. The winners in various population classifications:

Boston (among cities of more than 500,000 population); Louisville, Ky. and Providence, R. I. (250,000 to 500,000); Hartford, Conn. (100,000 to 250,000).

Awards are based on the efficacy of municipal methods for maintaining water and milk supplies, sewage disposal, healthy school children, medical and nursing service for mothers and infants, control of tuberculosis and venereal diseases.

GENERATIONS OF CANCER

Thousands upon thousands of patients ask, "Must I live in terror because my mother or my grandfather died of cancer?"

"Today, science cannot answer," admits Dr. Ludvig Hektoen, director of the National Advisory Cancer Council, "but we have determined that some day the question shall be answered." [Turn the page]

WHAT EVERY DOCTOR SHOULD KNOW ABOUT

Ralston Wheat Cereal



Because sufficient pure wheat germ is added to Ralston Wheat Cereal to make it $2\frac{1}{2}$ times richer in this essential vitamin than natural whole wheat . . .

Because vitamin B helps to promote normal appetite and digestion, stimulate metabolic processes, promote tonicity of the digestive tract . . . this delicious cereal is widely recom-

mended in the diets of growing children—and for adults who require extra quantities of vitamin B. Since Ralston is an all-family cereal, its use simplifies the introduction of added vitamin B into the family diet.

Research Laboratory Report and samples of Ralston Wheat Cereal sent on request. Use coupon below.

RALSTON WHEAT CEREAL

RALSTON PURINA COMPANY, Dept. ME, 2124 Checkerboard Square, St. Louis Mo.

Without obligation, please send me samples of Ralston and copies of the Research Laboratory Report.

Name _____ M.D. Address _____

City _____ State _____

(This offer limited to residents of the United States)

Upshot of that decision is the council's newly-projected research program calling for observation of cancer's progress through several human generations.

The long-term project will be worked out as follows:

A representative number of cancerous patients will be selected; exhaustive case histories will be taken. Then, equally painstaking records of their offspring's physical status will be put on file. Upon the decease of cancerous patients, post-mortems will determine as exactly as possible the causes of death. All these data will be inherited by future cancer researchers. They will analyze the case histories of deceased parents and re-study the condition of their progeny.

This process will be repeated through an indefinite number of generations.

U. S. MEDICAL LIBRARY

A worthy domicile for what is described as the world's greatest medical library—that of the U. S. Army—may soon be reared alongside other new federal buildings in Washington. President Roosevelt lent enthusiastic support recently to the Army's contention that its

priceless collection of medical literature deserves a better shelter than the antiquated museum wherein it now reposes. Such a library, the President declared, should be dignified with a building of its own. Congress is expected to vote the necessary appropriation.

WHERE THE DOLLARS GO

The average American village family spends \$44.67 annually on recreation. Of this, \$13.80 goes for motion pictures. These facts are brought out in a recent report of the U. S. Department of Agriculture, whose home economics bureau studied some 9400 white families in 140 villages. Yet a family typical of the group surveyed pays only \$29.13 a year to its family doctor, according to the Committee on the Costs of Medical Care.

Citing these figures, observers point out that the small-town physician collects from his families only about two thirds of what they spend each year on all types of amusement.

The comparison has been carried further:

America spends annually \$1,344,000,000 on tobacco; \$1,229,073,000 on soft drinks, ice cream, candy,



For her benefit prescribe a safe Antispasmodic and Sedative

R HVC

Prescribe HVC, a safe and long tested antispasmodic and sedative which relaxes the smooth muscles and contains no narcotics or hypnotics.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

Trial Sample with Literature to Physicians

**NEW YORK PHARMACEUTICAL CO.
BEDFORD SPRINGS**

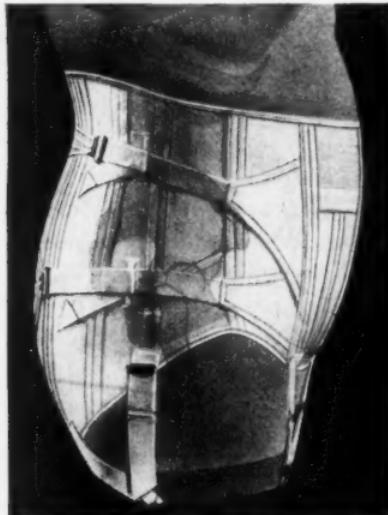
BEDFORD, MASS.

UMBILICAL AND INCISIONAL HERNIA SUPPORTS

The use of incisional and umbilical hernia supports preliminary to operation is stated by a writer* in the current medical literature as follows:—"... in cases in which the hernia has protruded from the abdomen for some time, if the abdomen can be so compressed by artificial means that the hernia is replaced and the patient can readjust himself to the normal environment of the intestine in the abdomen, there is less likelihood of postoperative distension and vomiting."



Patient with incisional hernia.



Same patient after application of support.

Camp incisional hernia supports have proved to be exceptionally efficient when prescribed as a preliminary to operation, for inoperable cases or for those patients who will not consent to an operation.

The lower adjustment strap with the buckle and lacing device anchors the lower sections of the support firmly about the pelvis—thus laying a foundation for the upright sections. With such a firm foundation the upper adjustment strap, coming above the lumbar region, gives added support to the abdomen.

*BANCROFT,
Pennsylvania Medical
Journal, November 1936

CAMP
TRADE MARK
Supports

S. H. CAMP & COMPANY, JACKSON, MICHIGAN
Offices in: New York, Chicago, Windsor, Ont., London, England
World's largest manufacturers of surgical supports



GLYCO THYMOLINE TRADE MARK

AS A
**VAGINAL
DOUCHE**

TO cleanse, soothe and heal irritated and inflamed mucous membrane in Vaginal Catarrh, eliminate disagreeable odor in leucorrhoeal discharges, and to control annoying pruritus.

Glyco-Thymoline, the original alkaline preparation also affords effective relief in summer colds and throat irritations.

Send for Samples

KRESS & OWEN COMPANY
361-363 Pearl Street, New York



and gum; \$314,368,000 on cosmetics and beauty parlors. Total for "extras": \$2,887,441,000. This as against only \$1,090,000,000 which the C.C.M.C. reveals as the yearly sum paid to the nation's private practitioners.

FISHBEIN SUED

Hirestra Laboratories, Inc., New York City, are attempting to recover \$1,000,000 in a suit for damages against the A.M.A. and Dr. Morris Fishbein. In a complaint filed recently with the New York County Supreme Court, the plaintiffs declared that an editorial in the April 9 *Journal A.M.A.* charged falsely and maliciously that their product, Endocreme, if indiscriminately used, might lead to dangerous consequences. Endocreme, a cosmetic, contains estradiol as its active ingredient.

Conducting the case for Hirestra Laboratories is Max D. Steuer, remembered for his success as a special prosecuting attorney for the government in protecting depositors of the Bank of the United States.

CUBA LIBRE

A couple of hundred nautical miles off the Florida keys state medicine now exists in its most stringent form. All Cuban doctors have been forced to join a government-dominated medical collegium. The new system's one sop to the Cuban profession's individuality is a ban preventing foreigners from practicing on the island. The Cuban National Medical Federation, which militantly opposed governmental meddling with private practice, has been dissolved. [Turn the page]



WRAPPED IN SLEEP...

*Induce Refreshing SLEEP
Without Disagreeable After-Effects*

THE advantages of Sedaphen in inducing restful, relaxing sleep, without disagreeable after-effects, have been amply proven clinically. Sedaphen is also effective in the treatment of all forms of nervous irritability and excitement.

In a very palatable form, it combines sodium phenobarbital, scientifically balanced with sodium bromide,

potassium bromide and calcium bromide. The successful inclusion of calcium bromide—which is not generally found in preparations of this type—is particularly significant, for it makes available the synergistic action of the bromide and calcium ions.

Sedaphen is safe. It is non-alcoholic. It is economical.

Write for literature.



SEDAPHEN (SMITH)

**CARROLL DUNHAM SMITH
PHARMACAL CO., ORANGE, NEW JERSEY**

ESTABLISHED 1844

DEPENDABLE SANDALWOOD OIL THERAPY

IN ACUTE OR CHRONIC INFLAMMATIONS OF THE UROGENITAL TRACT

In Gonorrhea, Cystitis, Vesical Catarrh, Prostatitis, Urethritis, Pyuria, Pyelitis, Pyelonephritis, prescribe

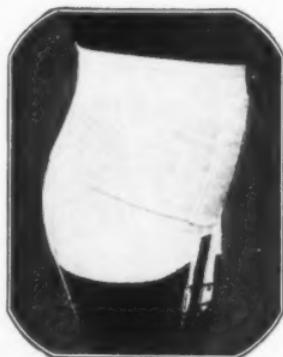
ARHEOL (ASTIER)

Arheol is the purified active principle of East Indian Sandalwood oil, freed from the therapeutically inert but irritating substances found in the crude oil—a chemically pure, standardized preparation with which uniform results with identical doses may be expected.

*Write for Information and Sample
ME A*

GALLIA LABORATORIES, Inc.
254-256 W. 31st Street New York

STORM



Worn, the world over, for
every condition requiring
Abdominal Support.
Every belt is made to order.
Ask for literature
Katherine L. Storm, M.D.
1701 Diamond St., Philadelphia

"A PLAGUE ON HAGUE!"

Frank Hague, mayor and political boss of Jersey City, N. J., may be honey to staff physicians at his lavish, skyscraping medical center in that metropolis; but he's gall to a group of Brooklyn doctors.

Alumni of the Long Island College of Medicine in Brooklyn received cards recently, announcing that Mayor Hague would be the guest of honor and featured speaker at the annual dinner of the alumni association. Hague's address, explained the announcement, would cover "his policy toward the medical profession," with special reference to the medical center which he controls.

"Then the fun began!" Dr. Henry J. Feaster, of the alumni association, has explained. "We received so many complaints that we had to do something about it. Many refused to come to the dinner if Mayor Hague was to be the speaker. There were some really hot objections."

P.S. Hague made neither the dinner nor the speech.

RED JUNKET

The Stalinesque method of medical care still has compelling interest for Dr. Henry E. Sigerist, director of the Institute of the History of Medicine at Johns Hopkins University. His recently published *Socialized Medicine in the Soviet Union* attests the author's familiarity with the subject. Now he plans to help other American doctors to an on-the-spot study of Soviet practice. With the hearty cooperation of Intourist (Stalin's travel bureau) and the People's Commissariat of Health, Dr. Sigerist and party sail



When Summer Heat Intensifies *the Torment of Itching*

Regardless of the underlying cause, Calmitol controls itching. Its prompt and sustained action is particularly valuable when summer heat, excessive perspiration, and skin maceration aggravate the discomfort of pruritic skin lesions. It affords comfort and relief, stops scratching, and eliminates the danger of secondary infection.

PISON IVY

Thorough scrubbing of lesions with soap and water followed by frequent application of Calmitol promotes relief and healing.

HIVES

Calmitol applied to wheals and similar eruptions relieves the itching, prevents scratching, permits restful sleep at night.

INTERTRIGO

The tormenting itching of chafed areas caused by perspiration or irritation of clothing is quickly overcome with Calmitol.

ECZEMA

Perspiration and summer heat usually intensify the itching of eczema. Use Calmitol often and liberally for prompt relief.

Physicians' correspondence invited.

PHOS. LEEMING & CO., INC.
101 W. 31st St., New York, N. Y.

Calmitol LIQUID AND
OINTMENT
THE DEPENDABLE ANTIPRURITIC



for Russia this month. Their survey, according to an announcement, will embrace the whole scheme of Soviet medical practice. At the end of five weeks Dr. Sigerist, Intourist, and the People's Commissariat are confident that the researchers will be thoroughly steeped in Red medicine.

RELEVANT & MATERIAL

An announcement was handed up to the judge in a San Francisco court recently. It caused him to summon to his side the opposing attorneys in the case being tried. Followed a brief, hushed conference. In short order the attorneys informed the court that a settlement had been reached. Scarcely was adjournment called before eleven jurors scuttled from the courtroom to their physicians' offices. Cause of this abrupt finis was a case of mumps in the absent twelfth juror.

FOR AIR-MINDED M.D.s

A bibliography of aeronautical medicine has just been compiled by the Works Progress Administration. Listing outstanding books and pamphlets dealing with the medical aspects of flying, it includes important treatises by English, French, German, Italian, and other foreign authors. Indexed are works covering the effects of flying upon

the cardiovascular system and upon the eye, ear, nose, and throat; the effects of altitude, parachute jumping, wind, cold, and speed upon various organs; and many other pertinent subjects.

This bibliography is not sold. Interested physicians may apply for copies by letter, stating why they are wanted. MEDICAL ECONOMICS was told last month that sponsor of the publication will appreciate receiving additional references as well as any corrections and criticisms. Correspondence should be addressed to John R. Palmer, Managing Project Supervisor, U. S. Works Progress Administration 5111 R.C.A. Building, New York City.

VARYING DEGREES

Vassar's daisy chain and the abandon with which the Annapolis graduating class flings away its natty white hats—these are two well-known variations in graduation-time traditions. But neither newsreels nor rotogravure sections have revealed how varied is the medical diploma.

A review of a survey conducted by G. Lombard Kelly, dean of the University of Georgia School of Medicine, has yielded the following:

Of diplomas issued by 65 medical schools, 45 are worded in English; twenty, in Latin.

Diplomas come in 52 different

ZEMMER
Capsules I.C.L.

IN NUTRITIONAL ANEMIA . . . a combination of iron, copper and liver extract . . . convenient capsule medication. Manufactured and sold under Hart Patent License No. 1877237 issued by the Wisconsin Alumni Research Foundation. Write for booklet "Nutritional Anemia".

ME 6-3

THE ZEMMER COMPANY, Oakland Station, PITTSBURGH, PA.

Bill-of-Fare FOR BABY

CEREAL
VEGETABLE SOUP
BEEF AND LIVER SOUP
CARROTS PEAS SPINACH
TOMATOES GREEN BEANS
MIXED GREENS
APRICOTS AND APPLE SAUCE
PRUNES

Look for these two seals.   They mean protection for Baby!

12 STRAINED FOODS made according to a famous quality tradition

PHYSICIANS everywhere are coming to rely exclusively on Heinz Strained Foods for infants in their care. They accept the name Heinz as a warranty of high nutritive value—purity—superb flavor and freshness. And they know that these twelve delicious foods are made according to the finest quality tradition in the food industry!

Scientific Preparation

For one thing, Heinz has access to the best growing sources of first-choice fruits, vegetables, meats, and cereals. These are scientifically strained and packaged to insure the retention of vital nutrient elements. Furthermore—every

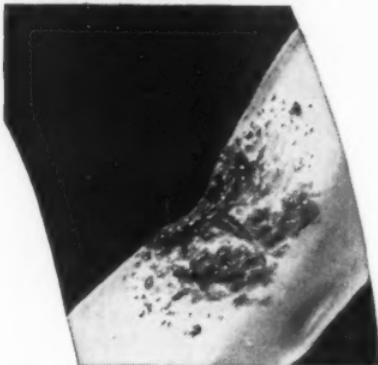
tin of Heinz Strained Foods is stamped with the date of its manufacture. And all Heinz Strained Foods remaining on dealers' shelves after a limited period of time are replaced by absolutely fresh products!

Two Protective Seals

Consider carefully all these assurances of *quality*. Remember that these foods carry *both* the Heinz 57 Seal and the important Seal of Acceptance of the American Medical Association's Council on Foods. Then you will recommend Heinz Strained Foods with *complete* confidence!

HEINZ STRAINED FOODS

NOW ON RELIEF . . .



Eczema is greatly relieved by **CAMPHO-PHENIQUE**

The antipruritic, analgesic and hemostatic qualities of this preparation rapidly counteract the burning, itching and weeping of eczema.

The bactericidal property effectively retards bacterial invasion and diminishes secondary infections.

Campho-Phenique soothes eczematoid lesions, and comforts the patients. This prompt and constant relief is a valuable adjunct in the general treatment of Eczema.

CAMPHO-PHENIQUE LIQUID OINTMENT POWDER

CAMPHO-PHENIQUE CO. M.L. 6
500 N. Second St., St. Louis, Mo.

Gentlemen: Sample, please.

Dr.

Address

City & State

sizes. Largest—19½" x 23¾" (about the size of a desk pad). Smallest—6" x 8" (smaller than the average business letterhead).

Old English is the favorite style of lettering; Script comes next; then Roman.

Forty-one different titles designate the officials who signed the 65 diplomas analyzed.

Dean Kelly comments: "Any steps toward uniformity will probably be long-delayed, if ever taken."

RETURN TO SANITY

As long in gratitude as in its choice of title is the Association of Former Patients of the Psychiatric Institute of the University of Illinois. It aims to—

1. Help the institute's staff in its studies of the mentally afflicted.
2. Conduct an educational campaign to enlighten the community's attitude toward mental disease.
3. Help former patients improve their financial well-being.

For these purposes, the association plans to set up an employment agency and to publish a monthly bulletin.

MEDICAL LORE ON SALE

At Hodgson's Rooms, London, England, a collection of rare medical books was recently auctioned off. The prize coveted by all dealers attending the auction was Harvey's Latin tract describing his discovery of circulation of the blood. This rare work, first published at Frankfurt in 1628, went to the firm of Quaritch. The price: \$1190. The tract was published twelve years after Harvey, lecturing at the Royal College of Physicians, announced

TYPES OF KAOMAGMA

MAGMA ALUMINAE ET KAOLINI

REG. U. S. PAT. OFF.

The outstanding intestinal adsorbent — modified for special uses.

KAOMAGMA PLAIN

Especially recommended in diarrheal conditions. It has a soothing, coating effect, relieves irritation and consolidates fluid stools.



KAOMAGMA WITH MINERAL OIL 20%

Recommended as a soothing adsorbent in gastro-intestinal disorders without marked diarrhea or with a tendency to constipation.



KAOMAGMA RECTAL

For use as a retention enema in the convalescent stages of ulcerative colitis.



IN 12-OUNCE
BOTTLES

WYETH & BROTHER • INCORPORATED

PHILADELPHIA

for the first time his revolutionary discovery. The original notes for his lecture are in the possession of the British Museum.

SANITARY CORPS WEAK

If war comes, the U. S. Army may be defeated by disease, says the editor of the American Journal of Public Health. He explains that the current serious lack of qualified sanitarians might be fatal to the country's military. At present, War Department figures show, officers in the Sanitary Corps Reserve number 422. Of these, less than 25% are qualified sanitarians. Although regular army medical officers understand sanitation procedure thoroughly, those in the reserve corps are, for the most part, more concerned with curative than with preventive medicine.

SUPPORT FOR LEWIS

Buffalo physicians are wondering whether Senator J. Hamilton Lewis, generalissimo of the Leftist attack on private practice, was pleased or embarrassed over the support given him recently in a letter to the Buffalo *Courier-Express*. The follow-

ing melange was signed "A Victim":

"Let every person who has been milked dry by outrageous fees, every sufferer from mal-diagnoses and mal-treatment, every person who has seen the fine treatment afforded at state tuberculosis sanatoria, every person who is familiar with the practice of medicine and the splendid results achieved when properly divorced from split-fee rackets, all who have been kept sick to perpetuate the payment of a fee to private physicians—let them write now to Senator Lewis and pledge their undying support to his proposal [for federal regulation of the profession]."

NO MOTHER MINUS CARE

Notices put up in the 49 public and private hospitals of Brooklyn, N. Y., last month announce that members of the obstetrical staffs are available for consultation upon request. Thus, the city's physicians have begun a wholesale drive to reduce maternity deaths.

No fees for consultation will be required unless the attending physician declares that his patient can afford full or part pay. It is ex-



the dependable urinary antiseptic **CYSTOGEN** methenamine in its purest form

Cystogen has been found an ideal urinary antiseptic by many physicians. The therapeutic manifestations of Cystogen are many: it eases renal and vesical pain; flushes the genito-urinary canal from the Kidney to meatus and makes fetid urine non-odorous and non-irritating. Cystogen is well-tolerated, an added reason why this effective urinary agent is regularly prescribed in cystitis, pyelitis, prostatitis, urethritis and other G-U infections. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Free samples on request.

Cystogen Chemical Co., 190 Baldwin Ave., Jersey City, N. J.

A STRONG METHOD BUILDS

Your
BANK

Balance



BANKER: "You gotta do it! You gotta keep building this account if you are going to keep drawing on it."

PHYSICIAN: "Why Mr. Banker my patients owe me enough money to buy this bank."

BANKER: "Then why in heaven's name don't you do something about it? Get your money in the bank and your troubles are over."

Then—right then—it is the physician's move.

The McCaskey System for Physicians was born to serve physicians, in this predicament or in any situation.

It is first and foremost a method to keep the physician's practice in order professionally and financially.

It DOES build the bank balance—from call—to record—to collection—to bigger paying practice. If you would like your bank balance to be more regular and more heavily stocked with reserve cash—call for complete McCaskey information. It will meet your needs.

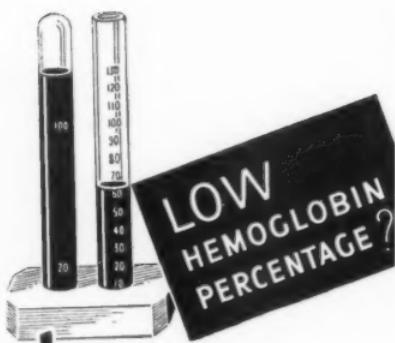
THE McCASKEY REGISTER COMPANY

GALT, CANADA

Alliance, Ohio

WATFORD, ENGLAND

You are cordially invited to visit us, Booth No. 40,
at the San Francisco Convention. We will look for you.



Rx GUDE'S
Pepto-Mangan

GUDE'S PEPTO-MANGAN is a neutral organic solution of true peptonate of manganese and iron. It helps add hemoglobin to the blood, making it rich and red, building resistance to colds and illness. Very palatable.



Liquid and
Tablet form

●
Samples and further information gladly sent upon receipt of your personal card.

●

M. J. BREITENBACH CO.
160 Varick Street, New York, N. Y.

pected that the free consultation will be arranged by interns at the various hospitals. Actual obstetrical work will be done by the interns only in the presence of staff members.

Definite plans have not been made for spreading the news of this service. But it is hoped that individual physicians will take it upon themselves to do so. Also, local welfare organizations such as the Visiting Nurses Association are expected to render lip service in behalf of the arrangement.

—AND DEBTS TO DUST

Two months before he died Dr. Thomas T. Kirk, Bloomfield, Pa., made arrangements for what his pastor describes as the "finest thing I ever heard of."

Dr. Kirk turned over all his records to the caretaker at the local church, requesting that upon his death they be destroyed in the church furnace. The burnt offering was witnessed by the minister. He saw some \$200,000 worth of debts fired away.

POSTERS AS CEMENT

To foster public relations, the Pennsylvania State Medical Society has projected a statewide poster contest for grammar and high school pupils. The state organization has worked out the conditions of the competition and has promised enough in prizes to stimulate both students and teachers. However, it has been decided to stage the contest under the auspices of local medical societies. Each component has been urged to offer two or three



The oil
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Tuscan
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A GYNECOLOGICAL PRACTICE THAT SURVIVED 3000 YEARS



A favored TREATMENT IN ANCIENT TIMES... and still extensively used



*The oil of privet
and lilies, with
Tuscan wax, was
much used for
jessaries.*



*Wool saturated
with goose
grease was rec-
ommended for
arresting dis-
charge.*



*Stag's marrow
often formed the
base of a favored
emollient prep-
aration.*



*In pruritus, a
pessary of jas-
pis, rubbed with
honey and colly-
rium, was used.*

LORATE



Available in 8-ounce containers. We shall be glad to send you a trial supply, if you will write us on your letterhead. **LORATE COMPANY, INC.**, 123 West 18th Street, New York City.

prizes in its own name to round out those put up by the parent organization.

The theme to which young artists are to lend their talent is defined as "some phase of preventive medicine, or a general health topic in its relation to the family physician."

The county societies have been informed that promotion of the poster contest is a proper function of their committees on public relations. It has been suggested that the various committeemen approach school authorities requesting co-operation.

MEDICAL PLANK

It's happening in Texas. E. O. Thompson, running for public office in the Panhandle State, is hammering home a medical plank in his platform. He is opposed to state medicine. He declares himself ready to stand or fall by his belief that "the medical profession itself is fully capable of developing a medical practice that will be satisfactory to the people of Texas."

Commented the Wichita Falls *Times* recently: "A plausible surmise is that a member of the medical profession persuaded him

[Thompson] of the practical political considerations of such a plank... The candidate who takes the physicians' side is on solid ground for the present. They are well organized and they wield more political influence than is generally realized."

CONTRACEPTION AHEAD

Forces concerned with spreading the gospel of birth control continue to receive more and mightier support from the high places of religion, law, and medicine. Spokesmen for all three fields delighted birth-controllers at a dinner given recently in New York City by the Citizens' Committee for Planned Parenthood.

Sermonized the Very Reverend Arthur B. Kinsolving II, Dean of the Protestant Episcopal Cathedral of the Incarnation, Garden City, N. Y.: "The marriage act deliberately performed without intent of procreating is moral. It is the essential right of the individual to be properly born, and that is moral. To have children born under the most normal conditions is a moral obligation that is inescapable."

Cautioned Walter Ewing Hope, well-known lawyer and former Assistant Secretary of the Treasury:



Relieves menstrual pain without producing an hypnotic effect. Indicated in dysmenorrhea, ovarian neuralgia; to control the after pains of labor and relieve other female disorders. Samples of Menstrullets will be furnished upon request.

JENKINS LABORATORIES, INC.
27-29 Clark Street, Auburn, New York

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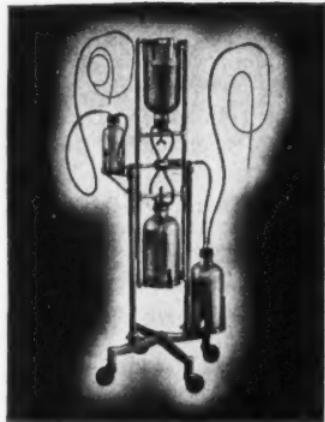
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Catalog No. 4115

Complete with Irrigation
Bottle—without catheters

\$59.50

Fritz's Automatic Drainage and Aspirating Apparatus

Fritz's Automatic Drainage and Aspirating Apparatus is the newest development in continuous surgical suction drainage—advocated for Removal of Intestinal Obstruction—Pre-operatively and Post-operatively—Relief of Post-operative Distention and Vomiting—Gastric Lavage—Irrigation of Emphyema Cavities—also an Important Adjunct in Treatment of Duodenal and Intestinal Fistulas and Supra-pubic Drainage of Bladder.

Apparatus is positive in action, safe, silent and portable. It creates both positive and negative pressure. Irrigation bottle is attached to apparatus.

Continuous operation is secured by simple half turn of bottle frame when top bottle is empty.

*For Sale Only Through Surgical Supply
Distributors*



J. SKLAR MANUFACTURING CO. BROOKLYN N.Y.

T A U T NERVES *Relax*

AND WELCOME SLEEP
ENFOLDS..



The hypnotic influence of Bromidia is gentle, yet profound and dependable. It quickly induces sleep after a short period of drowsiness, affording relaxation and physical recuperation free from post-hypnotic headache or depression.

Because it is a liquid preparation, Bromidia may be given in exactly the

quantities indicated. In one dram doses, it produces relaxing sedation; in two or three dram dosages it leads to restful, quiet sleep closely resembling the normal. Bromidia is indicated in emotional upsets, manic states, and in all forms of insomnia.

BATTLE & CO., ST. LOUIS, MO.

BROMIDIA [BATTLE]

A PRACTICAL SUGGESTION

• • •

Many times the physician is confronted with the problem of choosing the proper laxative—in acute infectious diseases, in the diarrheas, in routine preoperative care, and in countless other conditions.

Although the therapeutic efficacy of castor oil as a reliable eliminant is well-known, one is often reluctant to prescribe it because of its objectionable as well as oily taste.

When such a problem arises—and it happens every day—prescribe McNeil's Emulsion Castor Oil. If the Latin is used (Emulsion Olei Ricini "McNeil") the patient has no knowledge of the active ingredient, since the castor oil taste is not discernible and the oily consistency is entirely masked by emulsification.

McNeil's Emulsion Castor Oil

(Emulsion Olei Ricini "McNeil")

a pleasantly flavored, smooth, stable emulsion containing 50 per cent (by volume) of medicinally pure castor oil.



Supplied in bottles of 4-oz. (small size), 10-oz. (medium size), 32-oz. (large size) and 1 gallon (hospital size).

McNeil Laboratories
Incorporated
Philadelphia - Pennsylvania
2900 N. SEVENTEENTH STREET

"One third of the live births in the United States occur in families with incomes of less than \$750 a year."

Scolded Dr. Foster Kennedy, professor of neurology at the Cornell University Medical School: "The profession wasn't very quick on this matter...but perhaps it is catching up. The weight of popular opinion will force the hand of the doctor so that we can give needed advice."

State legislation today does not seriously hamper birth control activities, according to comment by Dr. Harry Elmer Barnes in a recent issue of the New York *World Telegram*. Some 21 states have no laws against the giving of contraceptive advice. Twenty-four other states have restrictive legislation, but this does not interfere with the legitimate work of physicians. In only three states is birth control illegal—Mississippi, Massachusetts, and Connecticut.

SANCTION FOR OSTEOS

Osteopaths have their fingers crossed. The U. S. House of Representatives' committee on the judiciary has reported favorably on H.R. 4650. If passed, this bill will give federal sanction to osteopathic

To prevent SYPHILIS and GONORRHEA

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BRUNCH
Orange juice, grape or grapefruit juice Salmon (smoked) farce or roe of trout with milk Smoked mackerel, with either bacon or broiled ham Bacon, milk, weak coffee or tea with milk and sugar
BREAKFAST
Cream of corn mush, cream of barley or cream of oatmeal Hot soup (without cream) Bacon, ham, broiled ham or lean roast beef Baked or sautéed sweet potato, either or creamed Baked or creamed carrots, baked onion or green beans Bacon, whole wheat bread or bread and butter Soft omelet, sliced fruits or banana nutting Milk, weak coffee or tea with milk and sugar
LUNCHEON
Cream of corn mush, cream of barley or cream of oatmeal Bacon, ham, broiled ham or lean roast beef Baked or sautéed sweet potato, either or creamed Baked or creamed carrots, baked onion or green beans Bacon, whole wheat bread or bread and butter Soft omelet, sliced fruits or banana nutting Milk, weak coffee or tea with milk and sugar
DINNER
Cream of corn mush, cream of barley or cream of oatmeal Bacon, ham, broiled ham or lean roast beef Baked or sautéed sweet potato, either or creamed Baked or creamed carrots, baked onion or green beans Bacon, whole wheat bread or bread and butter Soft omelet, sliced fruits or banana nutting Milk, weak coffee or tea with milk and sugar

treatment of injured and ailing federal personnel covered by the U. S. Employees' Compensation Act. Congressman Drew, a Pennsylvania osteopath, introduced this bill. As drawn, it promises osteopaths equal footing with doctors of medicine despite restrictions placed on D.O.s by various state laws. However, the committee report urges that osteopathic treatment sanctioned by the proposed act be kept within the lines laid down by the state where it may be administered.

PUBLICITY GONE AWRY

Even the best-laid publicity plans can go radically wrong. It was proved recently:

Arthur Korp, of New York City, hustled into a chartered plane at London, Ontario. Landed at Buffalo, he next hustled into an American Airlines plane. En route to the Newark, N. J. airport, he arranged for a police escort to accompany him from the landing field to the Holland Tunnel through which a taxi would whisk him to Manhattan.

To a properly impressed airline employee, Mr. Korp had showed a vial marked "wheat germ oil." He explained that he was rushing it to

his sister near death from diphtheria. The vial was consigned to Dr. Bernard L. Cinberg of Manhattan. All along Mr. Korp's route frantic effort was made to see that he won his "dramatic race against death through the heavens."

When he arrived in New York City, Korp paid the taxi driver \$7, and disappeared with what he was pleased to call the "serum."

Subsequently, it was revealed to the public

—that Mr. Korp's "sister" was enjoying perfect health;

—that medical authorities find wheat germ oil no specific for diphtheria;

—that the "serum" could have been bought in large quantities in New York City;

—that Dr. Cinberg had been away for a month on a fishing trip.

"TRUE STORY"

Dr. Michael Shadid, bellwether of Oklahoma's cooperative medicine flock, and Bernarr ("Body Love") MacFadden, publisher and physical culturist, got together recently. The result: an article by Dr. Shadid in the May *True Story Magazine*.

Readers are assured that "you can have a baby in a fine modern

EXAMINE THE FEET

Weak Arches Usually the Cause of Rheumatoid Pain in Feet and Legs

Most cases of rheumatoid foot and leg pains and tired, aching feet, are traceable to muscular and ligamentous strain caused by weak or fallen arches. Dr. Scholl's Arch Supports give quick relief. They are designed with special orthopedic features adapted to all types of feet. Thin, light, EXTREMELY RESILIENT and adjustable as condition of feet improves. Expertly fitted at Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. \$1. to \$10. a pair. For Professional literature, write The Scholl Mfg. Co., Inc., Chicago.

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Keep Skin Beautiful in Spite of



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By PREVENTING
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ZEMACIDE does this in two ways:
1. Soothes sensory nerve endings.
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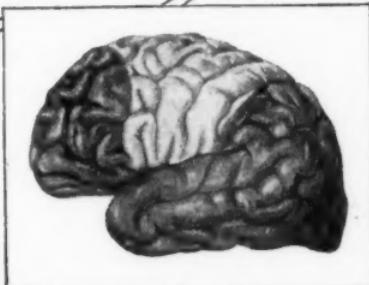
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RESULTS IMPROVE
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PEACOCK'S BROMIDES

This synergistic combination of pure alkali and alkaline earth bromides is a safe dependable sedative and hypnotic without harmful side or after effects.

It creates mental rest, removes emotional excitement, and prepares body functions for optimum successful therapy.

Bed-side therapy re-acts more favorably when supplemented with PEACOCK'S BROMIDES.

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CALCIUM GLUCONATE EFFERVESCENT (FLINT)

Not only is Calcium Gluconate Effervescent (Flint) more palatable than ordinary calcium gluconate but it is actually four and one-half times as soluble.

The combination of quicker, more complete solubility with pleasant taste deserves consideration where calcium is to be administered over a prolonged period.

Calcium Gluconate Effervescent (Flint) contains from 48 to 52% of calcium gluconate in convenient form, pleasantly palatable. When added to water, it dissolves almost immediately with brisk effervescence.



Calcium Gluconate Effervescent (Flint)—Council-Accepted Product—is protected by U. S. Patent No. 1983954.

Average Dose:

1 teaspoonful (equivalent to 50 grains of calcium gluconate).

For infants, the solution in water may be added to milk.

FLINT, EATON & COMPANY
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[Shadid] hospital with the best professional care for \$30.

"Sickness and death," the author asserts, "should be to nobody's personal advantage. Some day the entire country may have these [co-operative] hospitals owned and governed by the people... And doctors will be freed of the need of subordinating their professional zeal to the making of money."

NEW FOOD & DRUG LAW

The Wheeler-Lea Act (food and drug) is now in effect. The Federal Trade Commission therefore has jurisdiction over what it may decide is skulduggery in the promotion and distribution of food, drugs, diagnostic and therapeutic devices, and cosmetics in interstate and foreign commerce.

Until last month the commission had jurisdiction only over unfair and deceptive acts constituting unfair methods of commercial competition. From now on, however, it will be on the lookout for false advertising of food, drugs, etc. (The act declares false any advertisement misleading in a material respect).

NO WITNESS; NO CASE

Malpractice suits without expert witnesses for the prosecution are like punk matches—they fizz out. This was shown recently in New York State:

Abe Strong instituted action against his doctor more than two years ago. He tried and tried in vain to find another New York physician who would testify for him against a colleague. A few



IN EXCHANGE FOR IDEAS

Any book in the list at the right is yours in exchange for a usable idea (work-saver, time-saver, money-saver, or practice-builder) on the business side of medicine.

NEW wrinkles, aids to practice, office-helps, time-savers, work-savers, practice-builders . . . every few days you learn of a new one. Don't keep these good ideas to yourself! Other physicians want to benefit from them too. They can do so if you forward them to MEDICAL ECONOMICS for publication. To make it more interesting, we offer you some inducement also. For each acceptable idea described in 300 words or more, we will send you a copy of any book listed in the column at the right. Merely submit your contribution and specify what book you want. Neatness does not count. And you may send in as many ideas as you like. You will receive a book for *each one* published! We can not acknowledge unusable entries or enter into correspondence about this offer. It will be in effect for a limited time only, so act promptly! Address: Ideas Editor, MEDICAL ECONOMICS, Inc., Rutherford, N. J.

• Here are a few typical aids to practice about which we have published items in the past: a successful follow-up system, a handy credit blank for patients, new ways to stimulate health examinations, a unique graduate study plan, a common-sense method of preparing for retirement, space-saving ideas for the undersized office, an ideal senior-junior partnership.

- Fifty Years a Country Doctor—Macartney
- Eye Diseases—May
- Diabetic Manual—Joslin
- The Nervous Patient—Emerson
- Skin Diseases—Schamberg
- The Anemias—Castle-Minot
- Handbook of Medicine—Wheeler-Jack
- Courts and Doctors—Stryker
- Pulmonary Tuberculosis—Hawes-Stone
- More of My Life—Majocchi
- Genito-Urinary Diseases—Hirsch
- Interpretation of Lab. Findings—Goodale
- Electrocardiography—Maher
- Heart Disease—Lewis
- The Medical Secretary—Morse
- Treatment of Rheumatism—Copeman
- J. B. Murphy (Biography)—Davis
- Fractures and Dislocations—Geckeler
- Treatment, Commoner Diseases—Barker
- Compend of Surgery—Lipshutz
- Diseases of Nose, Throat, and Ear—Hall
- William Alanson White—Autobiography
- Compend of Obstetrics—Lull
- Handbook of Surgery—McKie
- The Citadel—Cronin

weeks ago Strong's lawyer admitted to the Supreme Court that he and his client were seeking to import an expert witness from Pennsylvania or New Jersey. The judge replied that unless a physician willing to give testimony was found in short order, the case would be removed from the docket.

Then there's the story told recently about an Indiana physician. He was haled before his county medical society to explain why he had served as a witness for the plaintiff in a malpractice suit tried several hundred miles away from his own locality. He admitted that if the case had been heard in his own or in a nearby community, he would not have testified.

PUBLISHED FOR PROFIT

According to the A. M. A.'s recently published financial report, \$1,633,067 was spent during the last fiscal year on publishing the *Journal* and on investigating quacks, drugs, and foods. From advertising and dues the association received \$1,755,309. Its profit, therefore was \$122,242.

FACTS OF LIFE

About the two million babies born annually in the United States statistics publicized recently reveal that

—one million are born to families with incomes of less than \$1,000;

—of these families, 840,000 make less than \$750 a year;

—midwives in this country still attend about a quarter of a million women yearly.

In spite of these economic and medical handicaps, many committees on maternal welfare believe that death's toll as life begins can be reduced by more than 50%.

WHAT PRICE PENSIONS?

In rejecting a retirement plan for its members, the Ohio State Medical Association has given the following reasons:

“(a) Provision of assistance for needy physicians is not a function of the association. Each physician can provide an old-age annuity through private insurance or through voluntary participation in the old-age benefits section of the federal Social Security Act . . .

“(b) Medical organization at present is confronted with many definite, vital problems of direct importance . . . The time, money, and efforts of the association should be centered on such problems and not on activities of this kind.

“(c) Officials of the state department of insurance indicate that a retirement plan, to be absolutely sound and properly administered, would have to be . . . capitalized for at least \$100,000 and with a \$50,000 reserve. Also . . . private insurance companies are encountering considerable difficulty with

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for **Over-Acid Stomach**

A new tablet, highly palatable, representing approximately Bismuth Subcarbonate $\frac{1}{4}$ gr., Pancreatin $\frac{1}{8}$ gr., Hydrated Magnesium Trisilicate $\frac{1}{4}$ gr. (representing approx. 20% MgO), with Magnesium Carbonate, Calcium Carbonate, Saccharin and Oils of Limes and Cassia q.s. *Indications:* Sour eructations, gas formation, fermentation, burning, nausea. **FREE SAMPLES.**

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call for combined Sulphur, Iodine, Calcium and a powerful solvent of metabolic waste.

Such is

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Given by mouth, it relieves pain, reduces swelling, improves motility, by reducing causes—not merely relieving symptoms.

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annuity contracts and many mutual benefit programs have proved unsuccessful and bad investments for participating members.

"(d) It is doubtful if adequate reserves, on a sound actuarial basis, could be accumulated in any plan where payments would be made only by participating members on a voluntary basis . . . most retirement plans now in effect provide that the employer or sponsoring organization shall contribute to the insurance fund . . . Such a plan would not be feasible because of the limited resources of the Ohio State Medical Association.

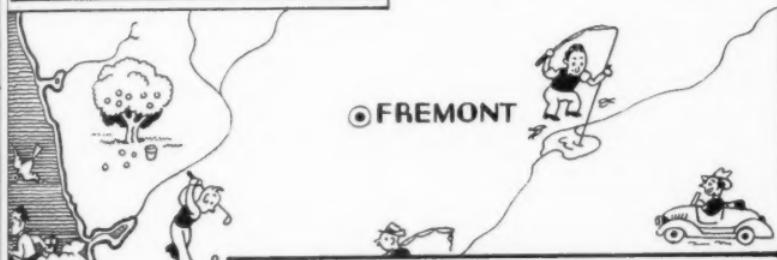
"(e) Establishment of a retirement fund would entail a full-time office . . . which could not be satisfactorily financed either by the retirement fund or the state association.

"(f) An extensive investigation of such a project would require the expenditure of considerable money on the part of the state association as actuarial and insurance counsel would have to be employed.

"(g) There is no assurance that younger members . . . would desire to participate in such a plan, inasmuch as the retirement benefits would have to be quite nominal . . . This would mean that eventually the plan would deteriorate to such a point that it would have to be dissolved with possible loss to those participating."

UNDER THE SWASTIKA

German authorities have ordered doctors there to keep abnormal babies out of Nazidom, according to sources which *Newsweek* describes as "extremely reliable." "As a medical man," the Nazi



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This is not merely a casual invitation we extend to you, doctor. We *want* you to call on us. We think you'll benefit from it. We want you to see for yourself the farms that surround our plant; the high quality of the vegetables, fruits and cereal which go into Gerber's Strained Foods; we want you to check our scientific, sanitary methods of preparation and canning. We'll be delighted to see you!

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II VARIETIES OF STRAINED BABY FOODS



government is quoted as saying, "you will know how to prevent the child taking life and what to explain to the mother."

Meantime, the New York Hospital, New York City, has agreed to permit removal of two swastikas built into the 300-foot smokestacks of its power plant. The insignia were put there for decorative purposes long before Hitler's advent. Getting rid of them will cost about \$1,000.

TO POOL FOR HEALTH

In small communities the home-rule principle is essential to efficient public health work. But too often small towns can't afford to maintain their own public health personnel and facilities. This difficulty has been straightened out in New Jersey by a new law. Dr. J. Lynn Mahaffey, state health director, communicated to MEDICAL ECONOMICS last month as follows:

"The new law offers constructive opportunity for small municipalities and townships to associate themselves together and engage a

qualified licensed health officer to devote his entire time to his duties and to carry out the services fundamental in health work. It will enable the municipalities to appropriate pro rata to the compensation of personnel engaged and . . . to provide venereal disease and other clinic services now prohibitive for an individual community.

"Residents of smaller municipalities demand minimum health service. Failing to obtain them locally, they turn to other agencies—national, state, or county—to the surrender of the basic health principle of home rule."

FAIR EXCHANGE?

A frugal Vermont patient showed his family physician last month that a collection agency's loss may be the doctor's gain. This man had owed \$40 to his medical benefactor for some time. At length he received notice that if he did not make a partial settlement within ten days, the account would be turned over to a collector. He sat down, wrote a \$40 check, and sent

Keep CONTRACEPTION ethical



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Women today are asking for authoritative advice on marriage hygiene. Believing that such advice should come only from the physician, the D & C Company bends backward to keep their line strictly ethical—selling to physicians through accredited surgical supply dealers, never exploiting their products through drug channels.

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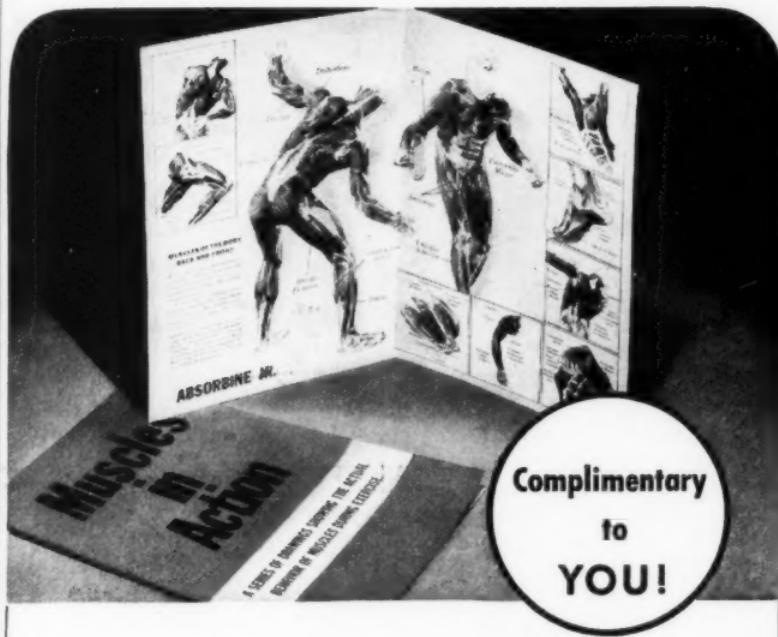
← This "sleeve" slips off easily and you give your patient the unlettered tube and inner carton. In this way, she MUST return to you for refills.

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This comprehensive chart of human muscles in use shows the actual performance of the various muscles, giving each by name.

Send for this chart today! It's a simple, instructive way of explaining to patients what happens when muscles grow sore and stiff after unaccustomed use. How toxic waste settles in muscle fibers.

Absorbine Jr. helps to bring relief by speeding the flow of blood through the deeper muscles, washing away poisonous waste deposits.

We'll send a complimentary professional-size bottle of Absorbine Jr. with the chart, upon request. Please use your professional letterhead when writing.

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For greater MENSTRUAL COMFORT

ALTHOUGH the cause of many menstrual aberrations may lurk obscurely in some systemic condition, the relief of symptomatic manifestations proves extremely beneficial . . . while constitutional measures are being inaugurated.

Ergoapiol helps remarkably to mitigate discomfort and normalize functional expression, by its tonic stimulus of smooth rhythmic contractions of the uterine musculature, and its hemostatic effect. Its dependable efficacy derives from its balanced content of all the alkaloids of ergot, together with apiol (M.H.S. Special), oil of savin and aloin.

Indications: Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, menopause, in obstetrics.

Dosage: One or two capsules three or four times daily.

How Supplied: In ethical packages of 20 capsules.

Write for booklet: "Menstrual Regulation by Symptomatic Treatment"

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ERGOAPIOL
(Smith)

it off with the following note:

"Enclosed find \$20. Your collector would keep half of what he got from me. There's no use wasting that money on him, so I'm keeping it."

A.H.S. CUTS A MELON

The Associated Hospital Service, New York City, largest group hospitalization project in the country, has declared its first dividend to subscribers. Premiums remain the same, but thirty instead of 21 days per year of free semi-private hospital care are provided. After the thirty days, semi-private hospital charges will be discounted at 33 1/3% instead of at 25% formerly.

The daily cash credit toward the cost of a private room has been upped from \$4.50 to \$5.00.

N. Y.'s NOSE IN MEDICINE

New York proposes to find out just how far a state should go in providing and controlling medical care for its people. The way to that discovery has been opened with a bill introduced by Assemblyman Robert F. Wagner, Jr. (son of the

The Soda Tablet to End All Soda Tablets

1. Faster
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4. Smooth
5. Soluble
6. Gives better results in functional indigestion than anything else and one trial will prove it.
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HELP FOR HOT-WEATHER BABIES

for WEATHER, as you know, brings special hazards to the bottle-fed infant.

Perhaps the baby travels—is taken where the milk supply is uncertain, refrigeration faulty or lacking. Certainly summer threatens him with lowered fat tolerance and greater probability of gastro-intestinal upsets.

May we then remind you of two helps in caring for the hot-weather baby:

1. For the normal baby's formula

— **Klim Powdered Whole Milk**, an ever-safe source of fresh, pure, whole

milk that requires no refrigeration.

2. For the baby with fat intolerance

— **Dryco**, a powdered milk food requiring no refrigeration and offering reduced fat without corresponding reduction in protein.

We shall gladly supply professional inquirers with helpful feeding data on these two important Borden milk products—Klim and Dryco. Simply write The Borden Company, Prescription Products Division, 350 Madison Avenue, New York City.

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MEDICAL ECONOMICS • JUNE • 129



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Buy on Allison's BUDGET PLAN, the economical dignified way of purchasing with a small cash outlay. No red tape.

Because it is inexpensive, MODERNE is easy to own. Because it is finely constructed in typical ALLISON fashion, it is a perfect investment. Our name is your assurance of complete satisfaction! Write Dept. 12.

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ANOTHER *Hay Fever* SEASON!

Prospects of warm weather are most discomforting to thousands of allergics who annually suffer from the distressing symptoms of rose cold and hay fever.

ESTIVIN

The efficacy of one drop of Estivin in those cases is well known to the physician. One drop in each eye eases conjunctival irritation and itching, curbs excessive nasal discharge, and checks spasmodic sneezing. A few applications daily prolong the period of comfort.

Supplied in 2-dram vials complete with eye dropper.

Estivin is a specially prepared solution of *rosa gallica*.

Samples and literature on request.

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U. S. Senator) and signed a few weeks ago by Governor Lehman.

The act starts off like this:

"The Legislature declares...that the health of the inhabitants of the state is a matter of state concern; that adequate medical care is an essential element of public health; that the present efforts of the medical profession in providing medical care should be supplemented by the state and local governments; that the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their ultimate solution; and that a long-range state health program directed toward all groups of the population should be formulated and carried out."

To these ends the act provides \$15,000 to finance a temporary state commission. By next February 15 the commission is expected to submit proposals for (1) furnishing adequate medical care at public expense for persons of low income; (2) minimizing the risk of illness by increasing preventive efforts through extension of public health services; (3) making available public funds for the support of medical education and research; (4) administration of the health functions of the state government and the consolidation of federal and state health and medical services under a separate department.

Only one physician is to serve on this medical-economic commission comprising thirteen members in all. He will be surrounded by four senators, five assemblymen, and one representative each of labor, industry, and so-called public welfare interests.

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From the laboratories of the National Electric Instrument Co., 36-16 Skillman Ave., Long Island City, N. Y., comes a remarkable boon for eye examinations. It's National's polarizing attachment for ophthalmoscopes, developed in cooperation with the department of ophthalmology at the Long Island College of Medicine. This simple and inexpensive device instantly converts a standard ophthalmoscope into a polarizing ophthalmoscope. It permits application of the remarkable properties of polarized light to the study of the eyeground and ocular tissues.



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YOU can detect heart and lung faults more easily with the portable Electrical Stethoscope. It amplifies heart sounds up to 100 times the intensity of the acoustic type stethoscope, making the faintest sounds loud and clear—an aid in diagnosing obscure cases.

In consultations two doctors can listen simultaneously from the same body location.

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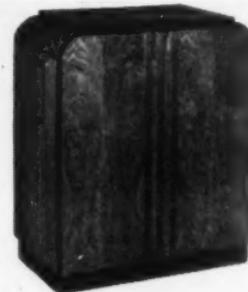
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ELECTRICAL STETHOSCOPE

tion are literally pouring in. A guide to selecting the most suitable suspensory for any individual case, it's yours for the asking.



When the mercury rises, does your practice fall? In the summer, do your patients desert you because they "can't stand waiting in a stuffy office"? Taking the bite out of the "dog days" is

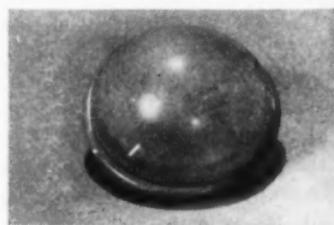


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(2) CARBOHYDRATES	GIVE BODY HEAT AND ENERGY
(3) PROTEINS	SUPPLY ENERGY
(4) VITAMIN A	BUILD TISSUES
(5) VITAMIN B	ENCOURAGES GROWTH
(6) VITAMIN C	PROMOTES APPETITE AND HEALTHY NERVES; aids digestion
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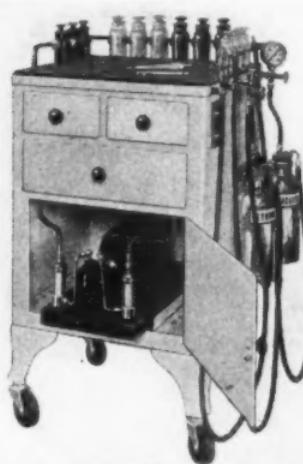


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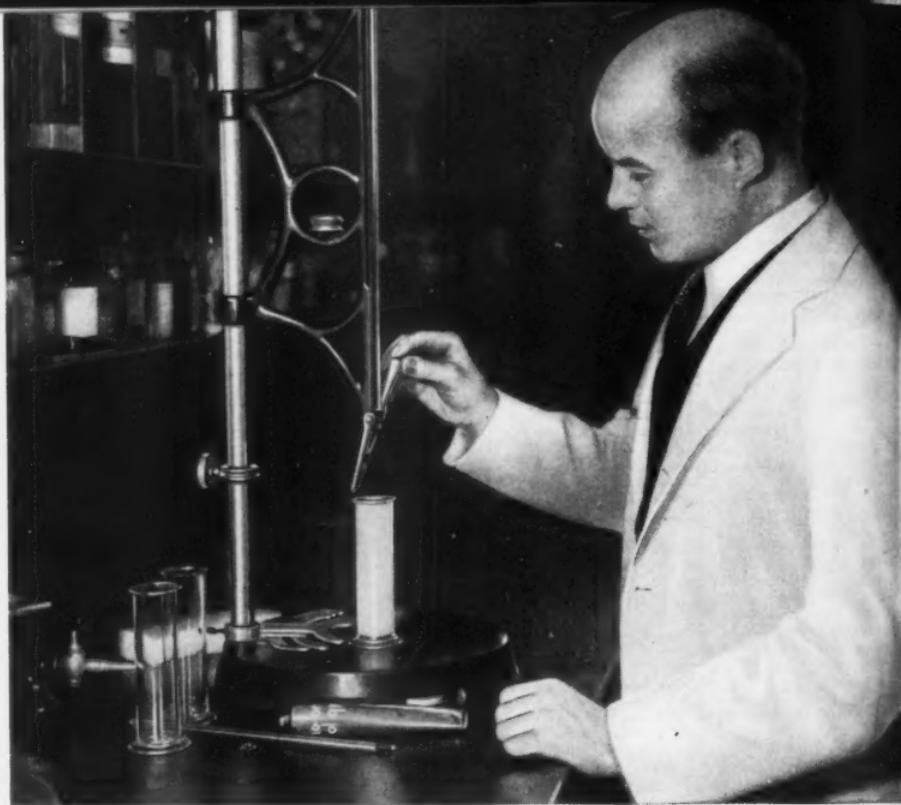
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